

# The prevalence & determinants of tobacco-use among Grade 8 – 10 learners in South Africa



Dept of Health



TOBACCO FREE INITIATIVE



## The Global Youth Tobacco school-based Survey

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# Foreword

The South African Tobacco Products Control Amendment Act of 1999 was one of the most groundbreaking pieces of public health legislation, not just in South Africa but in the world. The National Health Promotion Research and Development Group of the Medical Research Council in South Africa, provided much of the research evidence that underpinned the formulation of that Act, assisted in its defence through public hearings in parliament and challenges in law courts, and advised on the development of its regulations. With such comprehensive legislation in place – banning smoking in public places and prohibiting advertising and sponsorship of cigarettes – one might have thought the job done; and time for these behavioural scientists and their fellow public health activists to move on to the next dragon to slay.

Not so. This little band of humanitarians were prescient enough to realise that the industry, acknowledging defeat in this quarter, had already moved on to a new battlefield for the new century – a field that stands at the heart of the entire business model of tobacco – if you get them addicted young, you have a revenue stream for life. As in any theory of war, a new front requires early reconnoitring and surveillance before battle is enjoined. The Global Youth Tobacco Survey (GYTS) is just that. Conceived by the Tobacco Free Initiative of WHO, it seeks to provide insights into the determinants of tobacco-using behaviour that place young people and school-aged children at risk. This data can then be used to develop scientifically robust interventions to increase adolescent tobacco health literacy and self-efficacy, so as to prevent adolescents starting to smoke; or in order to help them to quit.

This is critical if we are to prevent the currently estimated 4 million tobacco-related deaths annually increasing to a projected 10 million deaths per year by 2030. By that date 70% of such deaths would be in developing countries such as ours – where smoking already kills 25 000 annually, or 7% of the total deaths per annum.

The team is to be commended for their remarkable achievement in rapidly adding South Africa to the list of GYTS participating countries, raising the necessary funds and completing the nationwide study in record time. This would have been impossible without the assistance of the National Department of Health, particularly its Health Promotion Directorate, National Department of Education, UNICEF, WHO/TFI and CDC.

Undoubtedly the data from this study will provide a solid logistical base for the next onslaught in the battle to protect our fellow citizens, and ensuing generations, from premature and unpleasant death and disability from tobacco.

Dr AD MBewu  
Executive Director of Research  
Medical Research Council

# Executive Summary

The Global Youth Tobacco Survey (GYTS) is a school-based tobacco specific survey which focuses on adolescents aged 13-15. In 1999 thirteen countries, including South Africa, conducted this survey. Presently one hundred and eleven countries are currently involved in various stages of participating in the GYTS.

The survey aimed to document and monitor the prevalence of tobacco-use such as smoking cigarettes, cigars, pipes and the use of smokeless tobacco. In addition, this survey assessed learners' knowledge, beliefs and attitudes related to tobacco-using behaviour, as well as smoking cessation, environmental tobacco smoke (ETS), minor's access to tobacco, school curriculum, and media and advertising.

This nationally representative survey was conducted in all nine provinces of South Africa. A two-stage cluster sample design was used to obtain a sample of learners from Grades 8, 9 and 10. The first-stage sampling frame consisted of all public schools. Schools were selected with a probability proportional to the school enrollment size. The second sampling stage consisted of systematic equal probability sampling of classes from each selected school. All Grade 8, 9 and 10 classes in the selected schools were included in the sampling frame. All learners in the selected classes were eligible to participate in the survey. The South African version of the questionnaire consisted of 54 core questions and 39 country specific questions. The questionnaire was administered in seven languages. Survey administrators were trained intensively and were assigned schools within their geographic area of responsibility.

The data was analysed by applying a weighting factor to adjust for non-response and for the varying probabilities of selection. Prevalence rates were computed with 95% confidence intervals for the estimates. Of the 160 selected schools, 123 schools participated in the survey. The survey was completed by 6045 out of 7074 selected learners.

Ever smokers (smoked a cigarette, even a puff or two) made up 46.7% of the sample. Current smokers (smoked cigarettes on one or more days in 30 days preceding the survey) made up 23% of the sample. On the issue of age at

initiation, 18.5% of learners reported first smoking cigarettes before the age of 10. Almost a fifth of the sample (18.2%) had used tobacco products other than cigarettes such as chewing tobacco and snuff.

Almost two thirds of current smokers (64.2%) were not refused cigarettes because of their age when they purchased them in a store. A significant percentage of current smokers (73.9%) expressed a desire to stop smoking with equal numbers making an attempt to stop smoking (76.6%). A large proportion of adolescents in this study have been exposed to tobacco advertising in magazines, newspapers and on billboards. About twice as many current smokers than never smokers were exposed to someone else's smoke in their homes or in places other than their homes in their presence in seven days preceding the survey. The level of smoking-related issues covered in the school curriculum was low.

The findings of this survey provide evidence for the need to develop adolescent specific tobacco control interventions to avert the potential escalation in tobacco-related health care costs. Before developing these interventions, determinant studies on the use of cigarettes and other tobacco products are needed. In addition, in order to tailor programmes to the specific needs of learners, these determinant studies must address the historical "racial", gender and provincial differences that have emerged from the data.

Community wide interventions that educate, encourage and support adults in protecting themselves and their children from tobacco will augment adolescent specific programmes. The Global Youth Tobacco Survey should be repeated periodically and it should become an integral part of the surveillance system to monitor tobacco-use in South Africa.

# **The prevalence & determinants of tobacco-use among Grade 8 – 10 learners in South Africa**

**The Global Youth Tobacco school-based Survey**



# 1. Introduction

## 1.1 Public Health Impact of Tobacco-use

Despite widespread knowledge of the harm caused by smoking, and concerted tobacco control efforts in the last decade, only modest success has been achieved in lowering the impact of tobacco morbidity and mortality. The World Health Organisation (WHO) estimated that currently, tobacco accounts for over 4 million deaths each year, a figure projected to rise to about 10 million deaths per year by 2030.<sup>1</sup> By that date, 70% of those deaths will occur in developing countries.<sup>2</sup>

Tobacco use is considered to be one of the chief preventable causes of death in the world.<sup>3</sup> The majority of adult smokers initiate the use of tobacco before the age of 18 during their adolescent years.<sup>4</sup> Recent trends show that the smoking prevalence rates among adolescents is rising;<sup>4,5,6</sup> and that the age of initiation is decreasing.<sup>4,7,8</sup> If these patterns continue, tobacco use will result in the death of 250 million children and young people alive today, many of them in developing countries.<sup>9</sup> Thus, adolescents and school-aged children should be a primary focus for intervention strategies. Carefully designed studies must provide an insight into the determinants of tobacco-using behaviour that place young people and school-aged children at risk. This data can then be used to develop scientifically sound interventions in order to increase adolescent tobacco health literacy, self-efficacy to prevent the initiation of tobacco-use or to increase their self-efficacy to quit. It could also provide the impetus for more effective and comprehensive tobacco control policies.

## 1.2 Tobacco-use in South Africa

Tobacco-use in South Africa (SA) is an ever-increasing health and economic problem. In

1990, 25 000 tobacco-related deaths were reported annually. The 1994 estimates of the economic cost of tobacco in terms of lost productivity due to premature deaths and hospitalisation exceeded R2,5 billion, while the direct cost of hospitalisation and outpatient treatment for smoking-related diseases in the public sector alone was approximately R1,5 billion per year.<sup>10</sup>

Reddy and associates<sup>11</sup>, in a study in February 1995, reported that 34% of adult South Africans, or a total of seven million adults, smoke. This overall figure has increased by 1% per year since 1992. In particular, the smoking rate among the "Coloured"<sup>a</sup> population has increased by 12% when compared to the 1992 figure. The highest rate of tobacco-related deaths (one in five) compared to the national average of one in nine, occurred in the Western Cape.<sup>12</sup> The high smoking rates among this group were also reflected in the 100% increase in lung cancer mortality rates among "Coloured" men and the 300% increase among "Coloured" women during the 1970s and 1980s in the Western Cape.<sup>13</sup>

The October 1996 tobacco survey showed that the overall smoking prevalence amongst adults remained at 34%. However there had been an increase in the prevalence of smoking among adults in five provinces when compared to the prevalence rates of the February 1995 survey.<sup>14</sup> The smoking prevalence analysed by "race" and gender shows that the rate had increased for "Coloured", "Indian" and "White" males; and for "Black/African", "Indian" and "White" females. From February 1995 to October 1996, smoking prevalence in the 18 – 24 age group increased from 31% to 36%. The inference can be made that most of the members in this 18 – 24 age group most likely became regular smokers during their adolescent years.<sup>15</sup>

Meyer-Weitz et.al.<sup>15</sup> reported that the smoking prevalence rate for adults dropped to 25% in the 1998 survey. This corresponds with the smoking rate of 24% obtained from the South African Demographic and Health Survey (SADHS).<sup>16</sup> A possible explanation for the dramatic decrease in smoking prevalence from

a. During the Apartheid years, all South Africans were classified in accordance with the Population Registration Act of 1950 into "racial groups" viz. "Black/African", "Coloured", "White" or "Indian"; and the provision of services occurred along these "racially" segregated lines. The disproportionate

provision of services to different "race groups" led to inequities. Information is still collected along these "racial" divisions in order to redress these inequities. In no way do the authors subscribe to this classification.

34% in 1996 to 24% in 1998 could be attributed to the introduction of health warnings on cigarette packages and all tobacco advertisements, together with the extensive media coverage that the impending tobacco control legislation received during that time period. In addition, the consistent increase in tobacco excise tax could also have impacted on the prevalence of smoking.

Despite all this information on adult smoking behaviour, there is a dearth of knowledge on the smoking behaviour of adolescents in South Africa. According to a literature review conducted on children and tobacco in Southern Africa,<sup>17</sup> it is difficult to obtain an overall impression of smoking prevalence due to lack of national representivity, differing sample sizes and methodologies as well as small geographical areas or "racial" groups being studied. The most recent national survey in SA, the SADHS, reported that the prevalence of smoking in the 15 – 19 year age group was ten percent.<sup>16</sup>

## 1.3 International Response to the Tobacco Epidemic

### 1.3.1 WHO Resolutions

Between 1970 and 1995, the WHO adopted 14 resolutions on the need for both national and international tobacco control policies. Four of the 14 resolutions underpin WHO's Tobacco Free Initiative (TFI), a United Nations Foundation (UNF) project. Member states were encouraged to implement comprehensive tobacco control strategies that contain the following:

- ▶ Measures to ensure that non-smokers receive effective protection, to which they are entitled, from involuntary exposure to tobacco smoke.
- ▶ Measures to promote abstention from the use of tobacco so as to protect children and young people from becoming addicted.
- ▶ The establishment of programmes of education and public information on tobacco and health issues, including smoking cessation programmes, with active involvement of the health professions and the media.

- ▶ Monitoring of trends in smoking and other forms of tobacco use, tobacco-related disease, and effectiveness of national smoking control action.

### 1.3.2 The United Nations Foundation Project

TFI/WHO received an award from the United Nations Foundation for International Partnerships (UNFIP), probably the largest single tobacco prevention grant, to initiate a joint project with the United Nations Children's Fund (UNICEF) titled *"Building alliances and taking action to create a generation of tobacco free children and youth"*. The aim of the project is to collate the evidence, provide technical support, and create strategic alliances necessary to positively address the negative impact of tobacco and to encourage and support children and adolescents in leading healthy and active lives free of tobacco.

The project initially focused on a small group of developing countries, one per WHO Region, and draws upon the combined technical expertise and operational resources of a number of UN agencies – in particular WHO, UNICEF, and the World Bank. These agencies work together with the global scientific community, government and non-government agencies, institutions and systems within countries, the media, and with young people to show that together they can make a difference in this important public health issue.

The project is conceived as a dynamic and interactive process, whereby the activities and products of each phase will be used to inform and guide subsequent activities. The project consists of three distinct, but overlapping phases. The first phase focuses on harnessing the evidence for action viz.: synthesising the existing evidence from countries, some of which may participate in subsequent phases; undertaking new areas of research to support actions; and establishing the research-based evidence for developing future actions.

The second phase is the activating phase. Country Activating Groups (CAGs), with broad membership, will be formed in each of the participating countries as the coordinating and implementing mechanism to select and develop the components of a comprehensive country-based approach in addressing tobacco-use

among children and young people. Opportunities to promote the exchange of experiences and issues between countries and global activities will be developed and strengthened.

WHO and UNICEF technical staff from country offices, headquarters and regional offices, as well as other technical partners (e.g. The World Bank and the Center of Disease Control and Prevention, USA) play a key role in supporting the country-level work, in particular, through assistance with the identification, development and dissemination of programme support tools and resources; with young people in the project activities. In addition, WHO and UNICEF will ensure that tobacco is included as a component of existing programmes they operate within the country and any plans or agreements they develop with relevant governments.

The third phase involves taking the project to scale: producing and disseminating resources; strengthening regional capacity to sustain activities; integrating the products and results of the project into ongoing tobacco control work at the national, regional and global levels; transferring technology and experience between countries and regions; and strengthening cooperation and collaboration at all levels.

The overall coordination of this project is through TFI/WHO. The harnessing the evidence for action phase of the project will be coordinated by WHO, in collaboration with identified research experts from a range of developing countries. The activating phase will be coordinated by UNICEF country offices, with technical support and assistance from WHO.



## 2. The Global Youth Tobacco Survey (GYTS)

WHO and CDC organised a small technical meeting in Geneva on 7 – 9 December 1998, to plan for the development and implementation of an initial baseline assessment of tobacco-use by young people in each country using a school survey instrument – the Global Youth Tobacco Survey (GYTS). The purpose of the meeting was to work with a key tobacco control expert from each country to develop a suitable instrument to use for the survey. Thirteen countries participated in the activating phase (Phase 2) of this project in 1999. South Africa formed part of this group of countries which implemented this survey. Presently, 111 countries are currently involved in various stages of participating in the GYTS.

The survey questionnaire was designed to have a core set of questions to be used by all countries. In addition, it was also designed to be flexible enough to include specific issues and individual needs of each of the participating countries (i.e. optional questions could be added). The survey is intended to enhance the capacity of countries to design, implement, and evaluate the tobacco control and prevention programmes for young people which will be initiated at the country level.

The GYTS is a school-based tobacco specific survey which focuses on adolescents age 13 – 15 (Grades 8 – 10). School surveys have been found to be useful tools in gathering data as they are relatively inexpensive and easy to administer, tend to report reliable results, and refusals are significantly lower than in household surveys. The most common research approach for this specific population, has been the self-administered questionnaire.

In order to ensure the development of a comprehensive tobacco control programme for SA, the Medical Research Council (MRC), in addition to conducting the GYTS, is also conducting several in-depth qualitative and quantitative determinant studies that clearly and succinctly target local tobacco-using behaviours.

### 2.1 Objectives of the GYTS

- ▶ To document and monitor the prevalence of tobacco-use including: cigarette smoking, and current use of smokeless tobacco, cigars or pipes.
- ▶ To obtain an improved understanding of and to assess learners' attitudes, knowledge and behaviours related to tobacco-use and its health impact, including: cessation, environmental tobacco smoke (ETS), media and advertising, minor's access, and school curriculum.

### 2.2 Content of GYTS

The GYTS addresses the following issues:

- ▶ the level of tobacco-use
- ▶ age at initiation of cigarette use
- ▶ levels of susceptibility to become cigarette smokers
- ▶ exposure to tobacco advertising
- ▶ identifying key intervening variables, such as attitudes and beliefs on behavioural norms with regard to tobacco-use among young people which can be used in prevention programmes

### 2.3 Methodology

#### 2.3.1 Sampling

The survey was planned for all nine provinces in South Africa. A two-stage cluster sample design was used to obtain a nationally representative sample of learners in Grades 8, 9 and 10. The first-stage sampling frame consisted of all public schools containing any of Grades 8, 9 and 10. Schools were selected with a probability proportional to the school enrollment size i.e. larger schools had a greater chance of being selected. Enrollment data was obtained from Provincial Departments of Education.

The second sampling stage consisted of systematic equal probability sampling (with a random start) of classes from each school that participated in the survey. All Grade 8, 9 and 10 classes in the selected schools were included in the sampling frame. All learners in the selected



classes were eligible to participate in the survey.

The aim was to select 13 schools per province with an 80% expected participation rate i.e. 10 schools per province. The enrollment distribution across the provinces necessitated an increase in the number of schools selected in five provinces viz. Eastern Cape, Gauteng, North West, Northern Cape and Western Cape. The target number of learners per province was 625 with an expectation of 500 completed questionnaires. The target for the sample size took into account time, financial and human resources.

### 2.3.2 Questionnaire Development

The South African version of the questionnaire (Appendix I) consisted of 93 questions: 54 core questions and 39 additional questions in order to take into account local tobacco-using behaviour and the psycho-social, cultural and contextual determinants thereof. Many questions were included to determine the extent of smokeless tobacco-use among youth as this was highlighted from qualitative studies conducted by the authors in the Southern Cape Karoo Region of the Western Cape Province. Several challenges were encountered when developing local questions, for example, the names of the five most popular brands of cigarettes used by the youth in South Africa for the question on brand preferences were not known. This question had to be developed by using the 15 brands of cigarettes most heavily advertised in South Africa.

South Africa has 11 official languages. It was necessary to translate the questionnaire, the parent notification form and the script for survey administrators into several languages. The initial letter to the principals was in English, the language most commonly used within the Department of Education. It is also the medium of instruction in most schools in South Africa.

The questionnaire was translated into seven languages. Initially it was translated from English to Afrikaans, Xhosa and Zulu. However, further discussions with principals resulted in the English questionnaire being translated into another three languages viz. North Sotho, South Sotho and Tsonga (Appendix II). The translation of the English questionnaire into other languages required cultural sensitivity and was a necessary but

time consuming exercise. Translated questionnaires were checked by back-translating them into English. The translated questionnaires differed in length due to varying sentence construction in each language. In some languages, there were words that did not have a direct translation e.g. in Tsonga, one word is used for all tobacco products, so “snuff” was translated as “tobacco that is sniffed” and “chewing tobacco” as “tobacco that is “chewed”.

In order to ensure face validity, the questions were pre-tested in the various languages. At the pilot phase of the project, the time required to complete the questionnaire was established. Learners required between 20 to 60 minutes to answer all questions.

### 2.3.3 Data Collection

Before data collection could take place, extensive networking occurred with the various stakeholders in the Departments of Health and Education to obtain their endorsement and support for the project. The project was discussed in detail with the Director of Health Promotion and it was agreed that GYTS would be linked to the Health Promoting Schools Initiative, using tobacco control as an entry point for Health Promoting Schools. This facilitated the participation of staff of the Provincial Health Promotion Departments as survey administrators. Letters were sent to the Provincial Directors of Health Promotion. All agreed to coordinate the allocation of survey administrators to the selected school.

Letters were sent to all the principals of the 160 selected schools inviting them to participate in the GYTS. This letter also asked for enrollment figures as well as the language preference of the learners.

After schools had indicated their willingness to participate, a letter was sent to schools listing the classes that were chosen. Copies of the Parent Notification Form for each learner in the selected class accompanied this letter. The principal took responsibility for the distribution of letters informing learners and parents about the study and requesting their consent.

Training workshops with survey administrators were held over a two week period in all nine provinces. Each survey administrator was assigned one, two or three schools depending

on whether the selected school was located in their area of responsibility.










Packages were couriered to the survey administrators due to delays in printing of questionnaires and a postal strike. A specific pencil had to be used for completion of the answer sheet to facilitate automated capturing of data. The answer sheets were checked and enrolment data was reconciled with the number of questionnaires. They were then couriered to the Centers for Disease Control, USA, where the data was captured.

#### **2.3.4 Analysis**

A weighting factor was applied to each learner record to adjust for non-response and for the varying probabilities of selection. Epi Info and SUDAAN, a software package for statistical analysis of correlated data, were used to compute prevalence rates and 95% confidence intervals for the estimates. Differences between prevalence estimates were considered statistically significant if the 95% confidence intervals did not overlap.

# 3. Selected results

## 3.1 Study Sample Size & Response Rates

TABLE I		NUMBER OF SCHOOLS		NUMBER OF LEARNERS		PERCENTAGE RESPONSE RATES		
		SAMPLE	PARTICIPATED	SELECTED	PARTICIPATED	SCHOOL	LEARNERS	OVERALL
	Eastern Cape	25	22	1025	872	88	85.1	74.9
	Free State	13	9	641	546	69.2	85.2	59
	Gauteng	20	15	845	737	75	87.2	65.4
	Kwazulu-Natal	12	8	475	381	66.7	80.2	53.4
	Mpumalanga	13	11	796	687	84.6	86.3	73
	North West Province	19	10	558	463	52.6	83	43.7
	Northern Cape	25	16	677	592	64	87.4	56
	Northern Province	13	13	1134	1010	100	89.1	89.1
	Western Cape	20	19	923	757	95	82	78

One hundred and twenty three schools out of the 160 selected schools participated in the survey. Out of 7074 selected learners, 6045 participated.

The national school response was 76.9% and the national learner response rate was 85.5%. The national overall response rate was 65.7%.

The school response rate for the nine provinces varied between 52.6% in the North West Province to a 100% in the Northern Province. Learner response rates in all provinces were above 80%. Overall provincial response rates ranged between 43.7% – 89.1%.

### 3.2 Background Characteristics of Learners

**TABLE 2**

<b>SOUTH AFRICA</b>		<b>n</b>	<b>%</b>
<b>GENDER</b>	Male	2859	47.4
	Female	2924	52.6
<b>GRADE</b>	8	2533	37.6
	9	1654	32.4
	10	1620	30.0
<b>AGE</b>	≤11 years	341	5.9
	12	230	3.7
	13	456	8.0
	14	964	15.0
	15	1159	19.9
	16	1154	19.1
	17+	1465	28.5
<b>‘RACE’</b>	Black/African	3155	53.8
	Coloured	860	10.9
	Indian	152	3.4
	White	768	14.0
	Other	85	1.4
	I do not know	807	16.5

The sample consisted of 52.6% females and 47.4% males. Most learners (37.6%) were in Grade 8. 42.9% of the sample were aged 13 – 15 years old, while 47.6% of the sample were 16 years old and older. The majority of the learners were "Black/African" (53.8%), followed by "White" (14.0%), "Coloured" (10.9%) and "Indian" (3.4%). It is noteworthy that 16.5% of the learners were not able to classify themselves in one of the historical "race" categories used in South Africa. In three of the provinces viz. North West Province, Free State and the Eastern Cape, older learners (16 years and older) made up over 50% of the sample (58.3%, 55.4%, 55.7% respectively).

### 3.3 Prevalence of Tobacco-using Behaviour

TABLE 3		Current Use <sup>2</sup>			Age: First smoked <sup>3</sup> cigarettes before 10yrs	Frequent <sup>4</sup> smokers
	Ever smoked <sup>1</sup> cigarettes	Cigarettes	Other tobacco products	Any tobacco product		
	%	%	%	%	%	%
<b>Totals</b>	<b>46.7</b> 41.8 – 51.6 <sup>a</sup>	<b>23.0</b> 19.0 – 27.0	<b>18.2</b> 15.1 – 21.3	<b>32.5</b> 28.4 – 36.6	<b>18.5</b> 16.6 – 20.4	<b>10.1</b> 7.3 – 12.9
<b>gender : Male</b>	<b>55.4</b> 50.8 – 60.0	<b>28.8</b> 24.5 – 33.1	<b>20.7</b> 16.7 – 24.7	<b>38.0</b> 33.6 – 42.4	<b>18.9</b> 16.6 – 21.2	<b>13.2</b> 9.2 – 17.2
<b>Female</b>	<b>38.8</b> 32.8 – 44.8	<b>17.5</b> 13.1 – 21.9	<b>15.1</b> 11.3 – 18.9	<b>26.5</b> 21.5 – 31.5	<b>17.7</b> 13.0 – 22.4	<b>7.2</b> 4.7 – 9.7
<b>Grade: 8</b>	<b>37.9</b> 33.4 – 42.4	<b>16.9</b> 14.4 – 19.4	<b>16.5</b> 14.0 – 19.0	<b>27.2</b> 24.3 – 30.1	<b>24.4</b> 18.6 – 30.2	<b>5.5</b> 3.8 – 7.2
<b>9</b>	<b>53.7</b> 46.5 – 60.9	<b>28.1</b> 20.9 – 35.3	<b>17.9</b> 11.6 – 24.2	<b>35.5</b> 28.2 – 42.8	<b>14.3</b> 10.2 – 18.4	<b>12.6</b> 7.3 – 17.9
<b>10</b>	<b>50.4</b> 43.2 – 57.6	<b>24.9</b> 19.5 – 30.3	<b>17.7</b> 15.2 – 20.2	<b>33.1</b> 28.3 – 37.9	<b>18.5</b> 10.6 – 26.4	<b>13.3</b> 9.8 – 16.8
<b>Age: ≤12</b>	<b>50.0</b> 43.7 – 56.3	<b>28.7</b> 21.7 – 35.7	<b>30.7</b> 20.8 – 40.6	<b>43.6</b> 34.5 – 52.7	<b>55.7</b> 39.0 – 72.4	<b>12.4</b> 5.5 – 19.3
<b>13</b>	<b>37.9</b> 30.1 – 45.7	<b>14.7</b> 8.9 – 20.5	<b>7.3</b> 3.2 – 11.4	<b>17.6</b> 9.8 – 25.4	<b>25.3</b> 9.8 – 40.8	<b>4.5</b> 1.4 – 7.6
<b>14</b>	<b>39.0</b> 31.8 – 46.2	<b>17.4</b> 13.2 – 21.6	<b>12.4</b> 8.5 – 16.3	<b>24.4</b> 19.8 – 29.0	<b>17.6</b> 11.8 – 23.4	<b>4.9</b> 3.1 – 6.7
<b>15</b>	<b>50.6</b> 41.7 – 59.5	<b>18.9</b> 16.0 – 21.8	<b>13.2</b> 6.6 – 19.8	<b>26.9</b> 20.9 – 32.9	<b>19.9</b> 14.0 – 25.8	<b>6.1</b> 4.3 – 7.9
<b>16+</b>	<b>48.2</b> 42.2 – 54.2	<b>26.9</b> 20.9 – 32.9	<b>19.7</b> 16.3 – 24.1	<b>36.5</b> 31.0 – 42.0	<b>15.3</b> 11.8 – 18.8	<b>13.8</b> 10.0 – 17.6
<b>‘Race’: Black/ African</b>	<b>39.3</b> 34.3 – 44.3	<b>18.4</b> 13.1 – 23.7	<b>18.6</b> 14.3 – 22.9	<b>28.6</b> 22.8 – 34.5	<b>20.0</b> 16.9 – 23.1	<b>7.3</b> 3.7 – 10.8
<b>Coloured</b>	<b>68.7</b> 63.8 – 73.5	<b>37.4</b> 33.8 – 41.0	<b>15.2</b> 11.0 – 19.3	<b>41.2</b> 37.8 – 44.6	<b>14.2</b> 12.2 – 23.1	<b>14.6</b> 11.4 – 17.8
<b>Indian</b>	<b>49.6</b> 46.8 – 52.4	<b>23.4</b> 20.9 – 25.8	<b>10.3</b> 1.4 – 19.2	<b>28.0</b> 13.8 – 42.3	<b>15.8</b> 12.4 – 19.2	<b>10.2</b> 6.7 – 13.8
<b>White</b>	<b>62.0</b> 56.7 – 67.4	<b>29.0</b> 22.5 – 35.6	<b>10.5</b> 6.7 – 14.4	<b>32.4</b> 26.1 – 38.7	<b>22.7</b> 18.1 – 27.3	<b>17.0</b> 11.2 – 22.7
<b>Other</b>	<b>63.6</b> 50.3 – 77.0	<b>38.9</b> – – <sup>b</sup>	<b>26.3</b> 20.2 – 32.4	<b>43.4</b> 36.3 – 50.5	<b>24.0</b> 13.7 – 34.2	<b>15.6</b> 6.3 – 24.9
<b>Don’t know</b>	<b>37.3</b> 28.8 – 45.8	<b>19.3</b> 13.4 – 25.1	<b>22.1</b> 14.7 – 29.5	<b>34.5</b> 27.8 – 41.2	<b>12.0</b> 8.7 – 15.3	<b>9.1</b> 5.0 – 13.3
a. 95% confidence interval b. n too small l. Even one or two puffs						
2. Smoked cigarettes or used other tobacco products one or more of the 30 days preceding the survey						
3. Among ever smokers 4. Smoked cigarettes on 20 or more days of the past 30 days						

## Ever smokers

46.7% [41.8 – 51.6] of the learners were classified as ever smokers (smoked a cigarette, even 1 or 2 puffs). The percentage of ever smoking males (55.4% [50.8 – 60.0]) was significantly greater than that for female learners (38.8% [32.8 – 44.8]). The percentage of ever smokers in Grade 9 (53.7% [46.5 – 60.9]) was significantly greater than that for ever smokers in Grade 8 (37.9% [33.4 – 42.4]). A significantly greater percentage of Grade 10 learners (50.4% [43.2 – 57.6]) compared to Grade 8 learners were classified as ever smokers.

68.7% [63.8 – 73.5] of the "Coloured" learners were classified as ever smokers. This did not differ significantly from the 62% [56.7 – 67.4] of "White" learners classified as ever smokers. Both these percentages were significantly different to the 39.3% [34.3 – 44.3] of the "Black/African" learners who were classified as ever smokers. It must be noted that throughout this report, no comparisons have been made with those learners classified as "Indian" as the total number of this "race" category in the national sample was small (n=152).

## Current users of cigarettes

23% [19.0 – 27.0] of the sample were current users of cigarettes (smoked cigarettes on one or more days in the past 30 days preceding the survey), with significantly more males (28.8% [24.5 – 33.1]) using cigarettes than females (17.5% [13.1 – 21.9]). Significantly more learners who were 12 years old or younger (28.7% [21.7 – 35.7]) were current users of cigarettes when compared to 13 (14.7% [8.9 – 20.5]) and 14 year olds (17.4% [13.2 – 21.6]). Grade 9 learners had a significantly higher prevalence of current cigarette use (28.1% [20.9 – 35.3]) than Grade 8 learners (16.9% [14.4 – 19.4]). Significantly more Grade 10 learners (24.9% [19.5 – 30.3]) were current users of cigarettes compared to Grade 8

learners. 37.4% [33.8 – 41.0] of "Coloured" learners and 29% [22.5 – 35.6] of "White" learners currently used cigarettes. The prevalence rate for current use of cigarettes among "Coloured" learners was significantly greater than that for "Black/African" learners (18.4% [13.1 – 23.7]).

## Current use of tobacco products other than cigarettes

18.2% [15.1 – 21.3] of the sample had used tobacco products other than cigarettes. Significantly more 12 year olds and younger (30.7% [20.8 – 40.6]) than 13 (7.3% [3.2 – 11.4]), 14 (12.4% [8.5 – 16.3]) and 15 year olds (13.2% [6.6 – 19.8]) were current users of other tobacco products. Additionally, 16 years and older learners (19.7% [16.3 – 24.1]) who were current users of other tobacco products, used these products significantly more than those who were 13 years old. While "Black/African" learners had the lowest prevalence for having ever smoked cigarettes and for current use of cigarettes, they had the highest prevalence of current use of other tobacco products.

## Any tobacco product

32.5% [28.4 – 36.6] of learners had used any tobacco product on one or more days in the past 30 days preceding the survey. Significantly more males (38.0% [33.6 – 42.4]) than females (26.5% [21.5 – 31.5]) were current users of any tobacco product. Learners who were 12 years old and younger (43.6% [34.5 – 52.7]) were significantly more likely to be current users of any tobacco product when compared to 13 year olds (17.6% [9.8 – 25.4]), 14 year olds (24.4% [19.8 – 29.0]) and 15 year olds (26.9% [20.9 – 32.9]). What is more, current users who were 16 years and older (36.5% [31.0 – 42.0]) used any tobacco product significantly more than those who were 14 years old. The prevalence of current use of any tobacco product for "Coloured" learners (41.2% [37.8 – 44.6]) was significantly

higher than that for "Black/African" learners (28.6% [22.8 – 34.5]). However there was no significant difference between that of "Coloured" and "White" learners (32.4% [26.1 – 38.7]).

## First smoked cigarettes

18.5% [16.6 – 20.4] of learners first smoked cigarettes before the age of 10. Significantly more learners in Grade 8 (24.4% [18.6 – 30.2]) first smoked cigarettes before the age of 10 when compared to those learners in Grade 9 (14.3% [10.2 – 18.4]). More "Black/African" learners (20% [16.9 – 23.1]) first smoked cigarettes before the age of ten when compared to "Coloured" learners (14.2% [12.2 – 23.1]).

## Current Frequent smokers

10.1% [7.3 – 12.9] of current smokers have been classified as current frequent smokers (smoked cigarettes on 20 or more days in the past 30 days preceding the survey). Significantly more Grade 9 learners (12.6% [7.3 – 17.9]) were current frequent smokers when compared to Grade 8 learners (5.5% [3.8 – 7.2]). In addition, significantly more Grade 10 learners (13.3% [9.8 – 16.8]) were current frequent smokers when compared to Grade 8 learners. When looking at current frequent smokers, the trend indicates that the number of current frequent smokers increased for 13-16 years and older with age. Those learners who were 16 years old or older (13.8% [10.0 – 17.6]) tended to smoke significantly more frequently than the 13 (4.5% [1.4 – 7.6]), 14 (4.9% [3.1 – 6.7]) and 15 year olds (6.1% [4.3 – 7.0]). Significantly more "Coloured" learners (14.6% [11.4 – 17.8]) were currently frequent smokers when compared to "Black/African" learners (7.3% [3.7 – 10.8]). Significantly fewer "Black/African" learners were current frequent smokers compared to "White" learners (17.0% [11.2 – 22.7]). However, there was no significant difference in current frequent smoking between "Coloured" and "White" learners.

## Provincial Highlights

The prevalence of ever smokers in the Northern Province (27.4% [21.1 – 33.7]) was significantly lower than the national average of 46.7% [41.8 – 51.6]. However the Western Cape showed an opposite trend with a significantly higher prevalence of ever smokers (65.8% [58.2 – 73.4]) compared to the national average. A similar trend regarding current use of cigarettes was found in both the Northern Province (12.2% [6.6 – 17.8]) and the Western Cape (40.7% [35.6 – 45.8]) compared to the national average of 23% [19.0 – 27.0]. Current use of any tobacco product was significantly higher in the Western Cape (44.8% [40.5 – 49.1]) when compared to the national prevalence of 32.5% [28.4 – 36.6]. Both Gauteng (12.7% [9.6 – 15.8]) and North West Province (11.4% [6.5 – 16.3]) displayed significantly lower prevalence of learners who first smoked cigarettes before the age of 10 compared to the national prevalence of 18.5% [16.6 – 20.4].

A graphical representation of the prevalence of tobacco-use across all province is presented in Appendices III to VIII.

## 3.4 Access to Cigarettes

Learners were asked about their accessibility to cigarettes. 50.7% [43.5 – 57.9] of current smokers purchased their own cigarettes in a store. Most "Coloured" current smokers (63.2% [57.7 – 68.7]) bought their own cigarettes in a store. Significantly more "Coloured" current smokers purchased their own cigarettes in a store when compared to "Black/African" current smokers (48.8% [41.1 – 56.6]). "Black/African" current smokers were also least likely of all four "race" groups to purchase their own cigarettes in a store. A large percentage (64.2% [52.6 – 75.8]) of current smokers were not refused cigarettes because of their age when they bought them in a store. 80.2% [74.5 – 85.8] of "White" current smokers were not refused cigarettes because of their age when they bought them in a store. This figure differed significantly from that of "Coloured" current smokers (69.7% [65.2 – 74.3]) as well as from "Black/African" current smokers (56.6% [44.1 – 69.0]).

Besides purchasing their cigarettes themselves, various other means were used to obtain cigarettes. 14.7% [8.0 – 21.4] of current

smokers recruited another person to purchase cigarettes for them, 9.5% [6.2 – 12.8] of current smokers borrowed their cigarettes from someone else while 5.6% [3.6 – 7.6] of current smokers obtained their cigarette from an older person. A large percentage of "Black/African" current smokers (18.1% [12.2 – 24.0]) got someone else to purchase cigarettes on their behalf. This percentage differed significantly from "White" current smokers (4.5% [2.9 – 6.1]) as well as "Coloured" current smokers (9.8% [7.5 – 12.1]). In addition, significantly more "Coloured" current smokers recruited someone else to buy their cigarette when compared to "White" current smokers. "White" current smokers (17.1% [14.5 – 19.7]) were significantly more likely than the other "Coloured" (9.9% [7.8 – 12.1]) and "Black/African" (6.4% [4.2 – 8.6]) current smokers to have borrowed their cigarettes from someone else. Almost one third of current smokers (29.7% [25.8 – 33.6]) reported being offered free cigarettes by a tobacco representative. Significantly more 16 years and older current smokers (30.3% [26.2 – 34.4]) than 14 year old current smokers (18.1% [12.1 – 24.1]) were offered free cigarettes by a tobacco representative.

## Provincial Highlights

Significantly fewer current smokers in the Northern Province (27.2% [19.6 – 34.8]), compared to the composite figure for the entire country (50.7% [43.5 – 57.9]) bought their own cigarettes in a store. 44.1% [35.0 – 53.2] of current smokers in the Free State, a significantly higher figure compared to the national prevalence of 29.7% [25.8 – 33.6], were offered free cigarettes by a tobacco representative. On the other hand, a significantly lower percentage of current smokers in the Northern Cape (17.4% [12.2 – 22.6]), compared to the national prevalence, were offered free cigarettes by a tobacco representative.

## Cessation and Addiction

► (next page)

TABLE 4

## Access to Cigarettes

SOUTH AFRICA: CURRENT SMOKERS <sup>1</sup>						
	Got someone else to buy	Borrowed from someone	Got from older person	Bought own at store	Bought at store: not refused – age	Offered free by a Tobacco Rep.
	%	%	%	%	%	%
<b>Totals</b>	<b>14.7</b> 8.0 – 21.4 <sup>a</sup>	<b>9.5</b> 6.2 – 12.8	<b>5.6</b> 3.6 – 7.6	<b>50.7</b> 43.5 – 57.9	<b>64.2</b> 52.6 – 75.8	<b>29.7</b> 25.8 – 33.6
<b>Gender : Male</b>	<b>14.5</b> 7.4 – 21.6	<b>9.3</b> 4.6 – 14.0	<b>4.5</b> 2.6 – 6.4	<b>53.7</b> 44.9 – 62.5	<b>65.1</b> 52.7 – 77.5	<b>29.8</b> 25.4 – 34.2
<b>Female</b>	<b>15.3</b> 6.9 – 23.7	<b>9.8</b> 5.2 – 14.4	<b>6.8</b> 3.4 – 10.2	<b>46.6</b> 40.2 – 53.0	<b>63.3</b> 48.7 – 77.9	<b>27.9</b> 17.6 – 38.2
<b>Grade: 8</b>	<b>14.0</b> 10.2 – 17.8	<b>9.0</b> 4.6 – 13.4	<b>5.8</b> 3.5 – 8.1	<b>52.0</b> 43.8 – 60.2	<b>61.4</b> 52.1 – 70.7	<b>30.0</b> 22.8 – 37.2
<b>9</b>	<b>19.0</b> 3.7 – 34.3	<b>10.2</b> 6.1 – 14.3	<b>5.5</b> 0.9 – 10.1	<b>48.9</b> 37.8 – 60.0	<b>59.6</b> 41.4 – 77.8	<b>31.6</b> 25.5 – 37.7
<b>10</b>	<b>11.3</b> 6.0 – 16.6	<b>9.2</b> 2.6 – 15.8	<b>5.2</b> 1.9 – 8.5	<b>51.6</b> 40.8 – 62.4	<b>70.7</b> 58.0 – 83.4	<b>27.5</b> 20.0 – 35.0
<b>Age: ≤12</b>	<b>17.7</b> 7.2 – 28.2	<b>5.6</b> -0.2 – 11.4	<b>1.2</b> -0.3 – 2.7	<b>45.1</b> 30.8 – 59.4	<b>58.7</b> 34.8 – 82.6	<b>38.9</b> 23.7 – 54.1
<b>13</b>	<b>13.0</b> 3.7 – 22.3	<b>9.7</b> 0.0 – 19.4	<b>11.9</b> 3.0 – 20.8	<b>40.9</b> 23.5 – 58.3	<b>69.2</b> 53.2 – 85.2	<b>36.3</b> 15.9 – 56.7
<b>14</b>	<b>9.8</b> 3.8 – 15.8	<b>12.6</b> 6.2 – 19.0	<b>4.8</b> 1.1 – 8.5	<b>53.2</b> 42.8 – 63.6	<b>74.6</b> 65.1 – 84.1	<b>18.1</b> 12.1 – 24.1
<b>15</b>	<b>8.0</b> 3.2 – 12.8	<b>11.9</b> 5.5 – 18.3	<b>5.6</b> 2.1 – 9.1	<b>59.4</b> 51.6 – 67.2	<b>73.3</b> 61.7 – 84.9	<b>26.2</b> 19.4 – 33.0
<b>16+</b>	<b>17.9</b> 7.0 – 28.8	<b>7.9</b> 3.2 – 12.6	<b>5.8</b> 2.2 – 9.4	<b>50.2</b> 38.9 – 61.5	<b>61.3</b> 47.7 – 74.9	<b>30.3</b> 26.2 – 34.4
<b>‘Race’: Black/African</b>	<b>18.1</b> 12.2 – 24.0	<b>6.4</b> 4.2 – 8.6	<b>7.0</b> 2.5 – 11.5	<b>48.8</b> 41.1 – 56.6	<b>56.6</b> 44.1 – 69.0	<b>29.7</b> 24.0 – 35.4
<b>Coloured</b>	<b>9.8</b> 7.5 – 12.1	<b>9.9</b> 7.8 – 12.1	<b>3.4</b> 2.3 – 4.4	<b>63.2</b> 57.7 – 68.7	<b>69.7</b> 65.2 – 74.3	<b>22.3</b> 17.4 – 27.3
<b>Indian</b>	<b>22.7</b> – – <sup>b</sup>	<b>100.0</b> – –	<b>2.3</b> 1.1 – 3.5	<b>56.6</b> 44.8 – 68.3	<b>82.3</b> – –	<b>45.5</b> – –
<b>White</b>	<b>4.5</b> 2.9 – 6.1	<b>17.1</b> 14.5 – 19.7	<b>4.3</b> 0.4 – 8.2	<b>53.7</b> 48.1 – 59.2	<b>80.2</b> 74.5 – 85.8	<b>27.9</b> 24.1 – 31.7
<b>Other</b>	<b>42.9</b> 18.7 – 67.0	<b>16.4</b> 11.8 – 20.9	<b>8.1</b> – –	<b>26.2</b> 18.8 – 33.5	<b>81.3</b> – –	<b>37.7</b> – –
<b>Don’t know</b>	<b>19.2</b> 11.4 – 26.9	<b>8.1</b> 3.8 – 12.5	<b>6.0</b> 1.3 – 10.8	<b>45.2</b> 34.6 – 55.8	<b>56.4</b> 49.2 – 63.6	<b>28.5</b> 19.3 – 37.7
a. 95% confidence interval b. n too small						
1. Smoked cigarettes on 1 of the 30 days preceding the survey						



TABLE 5

## Cessation and Addiction

SOUTH AFRICA		Current Smokers <sup>1</sup>		
	Want to stop smoking	Tried to quit in past year	Who say they could quit if they wanted to	Who have/need a cigarette 1st thing in the morning
	%	%	%	%
<b>Totals</b>	<b>73.9</b> 67.4 – 80.4 <sup>a</sup>	<b>76.6</b> 72.4 – 80.8	<b>76.8</b> 71.4 – 82.2	<b>20.6</b> 17.1 – 24.1
<b>Gender : Male</b>	<b>75.8</b> 67.6 – 84.0	<b>79.0</b> 73.1 – 84.9	<b>80.2</b> 75.4 – 85.0	<b>20.1</b> 13.9 – 26.3
<b>Female</b>	<b>70.5</b> 62.8 – 78.2	<b>73.9</b> 69.0 – 78.8	<b>72.4</b> 60.4 – 84.4	<b>20.7</b> 15.4 – 26.0
<b>Grade: 8</b>	<b>78.9</b> 71.6 – 86.2	<b>76.5</b> 70.2 – 82.8	<b>77.6</b> 72.1 – 83.1	<b>17.5</b> 11.9 – 23.1
<b>9</b>	<b>77.4</b> 66.1 – 88.7	<b>78.1</b> 70.7 – 85.5	<b>79.0</b> 71.9 – 86.1	<b>18.6</b> 11.3 – 25.9
<b>10</b>	<b>67.4</b> 59.7 – 75.1	<b>75.1</b> 68.4 – 81.8	<b>75.9</b> 63.4 – 88.4	<b>23.4</b> 15.5 – 31.3
<b>Age: ≤12</b>	<b>83.5</b> 67.8 – 99.2	<b>75.5</b> 59.1 – 91.9	<b>78.4</b> 64.2 – 92.6	<b>23.0</b> 12.3 – 33.7
<b>13</b>	<b>83.2</b> 71.4 – 95.0	<b>68.6</b> 49.5 – 87.7	<b>57.6</b> 32.9 – 82.3	<b>18.3</b> 1.6 – 35.0
<b>14</b>	<b>60.2</b> 49.2 – 71.2	<b>70.8</b> 60.5 – 81.1	<b>80.0</b> 68.9 – 91.1	<b>16.9</b> 7.3 – 26.5
<b>15</b>	<b>71.0</b> 60.5 – 81.5	<b>78.3</b> 69.3 – 87.3	<b>77.4</b> 69.0 – 85.8	<b>15.5</b> 9.1 – 21.9
<b>16+</b>	<b>75.3</b> 67.2 – 83.4	<b>77.9</b> 73.4 – 82.4	<b>77.5</b> 69.0 – 86.0	<b>22.6</b> 18.0 – 27.2
<b>‘Race’: Black/African</b>	<b>81.1</b> 77.1 – 85.1	<b>76.3</b> 72.4 – 80.2	<b>79.4</b> 73.7 – 85.1	<b>20.2</b> 15.6 – 24.9
<b>Coloured</b>	<b>74.2</b> 69.3 – 79.1	<b>76.2</b> 69.6 – 82.8	<b>79.2</b> 73.6 – 84.7	<b>17.2</b> 12.7 – 21.7
<b>Indian</b>	<b>83.2</b> 79.3 – 87.1	<b>64.4</b> 54.1 – 74.7	<b>46.6</b> 42.4 – 50.9	<b>44.3</b> 24.4 – 64.3
<b>White</b>	<b>51.9</b> 45.3 – 58.6	<b>77.7</b> 72.0 – 83.4	<b>73.0</b> 69.4 – 76.5	<b>16.9</b> 12.6 – 21.2
<b>Other</b>	<b>77.8</b> – – <sup>b</sup>	<b>38.8</b> – –	<b>69.3</b> – –	<b>5.8</b> – –
<b>Don’t know</b>	<b>77.9</b> 69.9 – 86.0	<b>76.8</b> 65.6 – 88.0	<b>80.3</b> 73.1 – 87.5	<b>26.0</b> 19.6 – 32.4
a. 95% confidence interval b. n too small				
1. Smoked cigarettes on 1 of the 30 days preceding the survey				

### 3.5 Cessation and Addiction

Over 70% (73.9% [67.4 – 80.4]) of current smokers expressed a desire to stop smoking. Significantly more 13 year old current smokers (83.2% [71.4 – 95.0]) desired to stop smoking when compared to 14 year olds (60.2% [49.2 – 71.2]). In fact 76.6% [72.4 – 80.8] of current smokers made an attempt to stop smoking in the past year preceding the survey. An equal percentage of current smokers (76.8% [71.4 – 82.2]) felt confident that they could quit if they wanted to. Over a fifth of current smokers (20.6% [17.1 – 24.1]) admitted to needing a cigarette first thing in the morning.

For each of these four items, "Black/African" learners showed a higher prevalence when compared to "Coloured" and "White" learners. In fact significantly more "Black/African" current smokers (81.1% [77.1 – 85.1]) than "White" current smokers (51.9% [45.3 – 58.6]) expressed a desire to stop smoking. When comparing "Coloured" and "White" current smokers, significantly more "Coloured" learners (74.2% [69.3 – 79.1]) than "White" learners desired to stop smoking.

#### Provincial Highlights

The prevalence of current smokers who desired to stop smoking ranged from 64% [50.8 – 77.2] in the Northern Province to 81.6% [73.3 – 89.9] in the Northern Cape. Current smokers who tried to quit in the year preceding the survey in Kwa-Zulu Natal (88.1% [83.3 – 92.9]), differed significantly from the national figure (76.6% [72.4 – 80.8]). Just about half of current smokers in the Northern Province (50.9% [34.3 – 67.5]) tried to quit in the past year preceding the survey, the lowest across the nine provinces, as well as significantly less than the national estimate. The percentage of those current smokers who said that they could quit if they wanted to varied from 54.5% [39.9 – 69.1] in the Northern Province to 82.5% [70.9 – 94.1] in Mpumalanga. Significantly fewer current smokers in the Northern Province compared to the national percentage (76.8% [71.4 – 82.2]) felt that they could stop smoking if they so desired.

### Media, Advertising, Marketing & Regulations

► *(next page)*

TABLE 6

## Media, Advertising, Marketing and Regulations

	Learners who have seen a lot of cigarette ads in magazines & newspapers	Current smokers <sup>1</sup> who have seen tobacco ads on billboards	Learners who have not seen an anti-smoking message in the media in the past 30 days	Current smokers who own something with a cigarette logo on it	Never smokers who own something with a cigarette logo on it
	%	%	%	%	%
<b>Totals</b>	<b>40.2</b> 37.8 – 42.6 <sup>a</sup>	<b>39.1</b> 33.7 – 44.5	<b>20.3</b> 18.2 – 22.4	<b>23.1</b> 16.8 – 29.4	<b>13.5</b> 10.4 – 16.6
<b>Gender : Male</b>	<b>42.6</b> 38.7 – 46.5	<b>37.3</b> 30.5 – 44.1	<b>21.2</b> 19.1 – 23.3	<b>24.6</b> 19.9 – 29.3	<b>15.7</b> 11.1 – 20.3
<b>Female</b>	<b>38.3</b> 35.4 – 41.2	<b>41.1</b> 33.1 – 49.1	<b>19.4</b> 15.9 – 22.9	<b>20.9</b> 10.8 – 31.0	<b>11.9</b> 8.4 – 15.4
<b>Grade: 8</b>	<b>39.5</b> 36.7 – 42.3	<b>36.6</b> 27.9 – 45.3	<b>23.0</b> 20.6 – 25.4	<b>24.9</b> 19.8 – 30.0	<b>14.5</b> 10.2 – 18.8
<b>9</b>	<b>41.3</b> 37.4 – 45.2	<b>34.8</b> 24.5 – 45.1	<b>20.1</b> 17.3 – 22.9	<b>24.7</b> 13.2 – 36.2	<b>10.2</b> 6.4 – 14.0
<b>10</b>	<b>40.4</b> 36.6 – 44.2	<b>46.6</b> 36.3 – 56.9	<b>17.4</b> 12.7 – 22.1	<b>19.8</b> 14.1 – 25.5	<b>14.0</b> 8.0 – 20.0
<b>Age: ≤12</b>	<b>45.1</b> 37.5 – 52.7	<b>46.8</b> 31.3 – 62.3	<b>23.1</b> 18.6 – 27.6	<b>43.7</b> 21.6 – 65.8	<b>26.4</b> 19.2 – 33.6
<b>13</b>	<b>34.0</b> 29.6 – 38.4	<b>27.1</b> 12.2 – 42.0	<b>20.4</b> 13.5 – 27.3	<b>15.6</b> 0.5 – 31.7	<b>6.1</b> 3.1 – 9.1
<b>14</b>	<b>43.8</b> 38.5 – 49.1	<b>42.5</b> 32.2 – 52.8	<b>19.1</b> 14.1 – 24.1	<b>17.4</b> 10.0 – 24.8	<b>13.0</b> 6.2 – 19.8
<b>15</b>	<b>41.9</b> 35.5 – 48.3	<b>44.5</b> 33.2 – 55.8	<b>20.9</b> 18.3 – 23.5	<b>20.0</b> 13.7 – 26.3	<b>9.6</b> 5.3 – 13.9
<b>16+</b>	<b>40.0</b> 37.6 – 42.4	<b>37.7</b> 27.8 – 47.6	<b>19.4</b> 16.3 – 22.5	<b>21.4</b> 15.7 – 27.1	<b>14.7</b> 10.2 – 19.2
<b>‘Race’: Black/African</b>	<b>38.9</b> 35.7 – 42.1	<b>37.3</b> 33.1 – 41.5	<b>21.1</b> 18.8 – 23.5	<b>24.9</b> 16.4 – 33.4	<b>14.4</b> 10.7 – 18.1
<b>Coloured</b>	<b>42.9</b> 38.9 – 46.9	<b>41.3</b> 34.8 – 47.9	<b>14.0</b> 10.9 – 17.0	<b>15.7</b> 11.1 – 20.3	<b>14.3</b> 8.5 – 20.1
<b>Indian</b>	<b>51.2</b> 33.9 – 68.5	<b>20.4</b> 18.4 – 22.4	<b>18.6</b> 12.8 – 24.3	<b>17.1</b> 15.4 – 18.8	<b>7.2</b> 6.8 – 7.6
<b>White</b>	<b>55.1</b> 48.9 – 61.4	<b>50.6</b> 47.4 – 53.8	<b>14.9</b> 12.5 – 17.3	<b>21.1</b> 15.1 – 27.0	<b>17.1</b> 11.7 – 22.6
<b>Other</b>	<b>43.9</b> 28.7 – 59.1	<b>21.0</b> – <sup>b</sup>	<b>41.5</b> 38.1 – 45.0	<b>29.9</b> –	<b>17.9</b> 2.2 – 33.6
<b>Don’t know</b>	<b>28.0</b> 23.7 – 32.4	<b>28.0</b> 20.0 – 36.1	<b>24.7</b> 19.7 – 29.6	<b>24.1</b> 17.7 – 30.6	<b>7.0</b> 4.4 – 9.6
a. 95% confidence interval b. n too small <span style="float: right;">1. Smoked cigarettes on 1 of the 30 days preceding the survey</span>					

Current smokers who are in favour of banning smoking in public places	Never smokers who are in favour of banning smoking in public places
%	%
<b>50.6</b> 46.5 – 54.7	<b>49.9</b> 41.8 – 58.0
<b>54.4</b> 49.9 – 58.9	<b>51.0</b> 40.9 – 61.1
<b>44.5</b> 36.3 – 52.7	<b>48.7</b> 40.7 – 56.7
<b>48.8</b> 42.0 – 55.6	<b>50.0</b> 37.9 – 62.1
<b>47.3</b> 40.1 – 54.5	<b>50.4</b> 39.4 – 61.4
<b>54.2</b> 47.2 – 61.2	<b>47.8</b> 38.4 – 57.2
<b>53.0</b> 42.6 – 63.4	<b>43.7</b> 33.2 – 54.2
<b>44.0</b> 30.2 – 57.8	<b>44.2</b> 29.7 – 58.7
<b>46.6</b> 37.9 – 55.3	<b>53.1</b> 37.8 – 68.4
<b>54.1</b> 47.0 – 61.2	<b>54.8</b> 44.2 – 65.4
<b>49.8</b> 42.9 – 56.7	<b>48.8</b> 40.7 – 56.9
<b>51.9</b> 47.1 – 56.7	<b>48.2</b> 40.6 – 55.9
<b>43.4</b> 37.6 – 49.3	<b>43.6</b> 34.4 – 52.8
<b>60.2</b> – –	<b>52.6</b> 49.4 – 55.8
<b>49.9</b> 41.8 – 58.1	<b>69.6</b> 62.5 – 76.7
<b>80.2</b> 75.0 – 85.4	<b>53.2</b> 29.9 – 76.6
<b>48.8</b> 39.3 – 58.3	<b>44.5</b> 29.7 – 59.2

### 3.6 Media, Advertising, Marketing & Regulations

The influence of media, advertising, marketing and anti-tobacco legislation were investigated. 40.2% [37.8 – 42.6] of the sample reported having seen a lot of cigarette advertisements in magazines and newspapers. A significantly larger percentage of 14 year old learners (43.8% [38.5 – 49.1]) compared to 13 year old learners (34.0% [29.6 – 38.4]) reported seeing a lot of cigarette advertisements in magazines and newspapers. Significantly more "White" learners (55.1% [48.9 – 61.4]) had seen a lot of cigarette advertisements in magazines and newspapers when compared to "Coloured" (42.9% [38.9 – 46.9]) and "Black/African" learners (38.9% [35.7 – 42.1]). 39.1% [33.7 – 44.5] of current smokers reported having seen tobacco advertisements on billboards. Significantly more "White" current smokers (50.6% [47.4 – 53.8]) than "Black/African" current smokers (37.3% [33.1 – 41.5]) had seen tobacco advertisements on billboards. One fifth (20.3% [18.2 – 22.4]) of the sample had not seen an anti-smoking message in the media in the past 30 days preceding the survey. Significantly more "Black/African" learners (21.1% [18.8 – 23.5]) than "Coloured" (14% [10.9 – 17.0]) and "White" learners (14.9% [12.5 – 17.3]) had not seen an anti-smoking message in the media in the past 30 days preceding the survey.

Current smokers (23.1% [16.8 – 29.4]) were more likely than never smokers (13.5% [10.4 – 16.6]) to own something with a cigarette logo on it. Never smokers who were 12 years old or younger

(26.4% [19.2 – 33.6]) were significantly more likely than 13 year olds (6.1% [3.1 – 9.1]) and 15 year olds (9.6% [5.3 – 13.9]) to own something with a cigarette logo on it. Those never smokers who were 16 years or older (14.7% [10.2 – 19.2]) were also significantly more likely to own something with a cigarette logo on it when compared to 13 year old never smokers. Equal percentages of current smokers (50.6% [46.5 – 54.7]) and never smokers (49.9% [41.8 – 58.0]) were in favour of banning smoking in public places. Almost 70% of "White" never smokers (69.6% [62.5 – 76.7]) were in favour of banning smoking in public places. In fact significantly more "White" never smokers compared to "Black/African" (48.2% [40.6 – 55.9]) and "Coloured" (43.6% [34.4 – 52.8]) never smokers were in favour of banning smoking in public places.

#### Provincial Highlights

When compared to the national average of 40.2% [37.8 – 42.6], a significantly lower percentage of learners in the Northern Province (32.2% [27.5 – 36.9]) had seen a lot of cigarette advertisements in magazines and newspapers. Significantly more learners in the Northern Province (30.8% [26.8 – 34.8]) had not seen an anti-smoking message in the media in the past 30 days preceding the survey when compared to the national estimate of 20.3% [18.2 – 22.4]. A significantly lower percentage of never smokers in the North West Province (5.9% [3.8 – 8.0]) owned something with a cigarette logo on it compared to the national prevalence of 13.5% [10.4 – 16.6].

**Environmental Tobacco Smoke** ▶  
(next page)

<b>TABLE 7</b>		<b>Environmental Tobacco Smoke</b>				
	Cur rent smokers who had someone smoke in their homes in their presence in past 7 days	Never smokers who had some - one smoke in their homes in their presence in past 7 days	Never smokers who had some - one smoke in a place other than their homes in their presence in past 7 days	Cur rent smokers who had some - one smoke in a place other than their homes in their presence in past 7 days	Cur rent smokers who definitel y think smok e from others is harmful	Never smokers who definitel y think smok e from others is harmful
	%	%	%	%	%	%
<b>Totals</b>	<b>73.7</b> 66.7 - 80.7 <sup>a</sup>	<b>32.1</b> 30.0 - 34.2	<b>41.2</b> 37.7 - 44.7	<b>81.8</b> 78.6 - 85.0	<b>42.0</b> 38.0 - 46.0	<b>52.3</b> 45.8 - 58.8
<b>Gender : Male</b>	<b>72.2</b> 63.2 - 81.2	<b>31.9</b> 27.7 - 36.1	<b>45.0</b> 40.5 - 49.5	<b>82.1</b> 77.6 - 86.6	<b>45.5</b> 40.8 - 50.2	<b>51.6</b> 44.4 - 58.8
<b>Female</b>	<b>76.5</b> 70.7 - 82.3	<b>32.7</b> 29.8 - 35.6	<b>39.7</b> 35.0 - 44.4	<b>81.3</b> 75.9 - 86.7	<b>39.3</b> 33.8 - 44.8	<b>53.7</b> 47.1 - 60.3
<b>Grade: 8</b>	<b>67.2</b> 58.3 - 76.1	<b>26.8</b> 23.3 - 30.3	<b>34.8</b> 28.2 - 41.4	<b>82.0</b> 77.7 - 86.3	<b>36.0</b> 29.4 - 42.6	<b>50.4</b> 40.9 - 59.9
<b>9</b>	<b>75.1</b> 64.8 - 85.4	<b>35.0</b> 28.5 - 41.5	<b>49.7</b> 44.7 - 54.7	<b>82.0</b> 77.1 - 86.9	<b>48.4</b> 44.1 - 52.7	<b>55.2</b> 49.7 - 60.7
<b>10</b>	<b>76.6</b> 70.4 - 82.8	<b>37.0</b> 30.1 - 43.9	<b>45.8</b> 41.7 - 49.9	<b>80.8</b> 74.4 - 87.2	<b>41.9</b> 33.4 - 50.4	<b>53.1</b> 44.8 - 61.4
<b>Age: ≤12</b>	<b>66.4</b> 49.5 - 83.3	<b>24.8</b> 14.6 - 35.0	<b>30.9</b> 21.9 - 39.9	<b>76.0</b> 64.2 - 87.8	<b>36.3</b> 19.5 - 53.1	<b>28.8</b> 18.9 - 38.7
<b>13</b>	<b>64.7</b> 49.3 - 80.1	<b>26.9</b> 20.1 - 33.7	<b>33.4</b> 25.4 - 41.4	<b>73.4</b> 55.5 - 91.3	<b>39.9</b> 22.5 - 57.3	<b>74.2</b> 63.5 - 84.9
<b>14</b>	<b>75.3</b> 66.0 - 84.6	<b>26.0</b> 20.1 - 31.9	<b>39.9</b> 29.6 - 50.2	<b>86.3</b> 79.0 - 93.6	<b>40.8</b> 29.4 - 52.2	<b>57.2</b> 45.8 - 68.6
<b>15</b>	<b>72.4</b> 62.3 - 82.5	<b>30.6</b> 25.5 - 35.7	<b>41.8</b> 35.0 - 48.6	<b>88.1</b> 82.1 to 94.1	<b>50.7</b> 43.5 - 57.9	<b>56.2</b> 48.6 - 63.8
<b>16+</b>	<b>76.2</b> 68.2 - 84.2	<b>37.2</b> 32.6 - 41.8	<b>45.5</b> 40.0 - 51.0	<b>81.3</b> 76.7 - 85.9	<b>42.5</b> 36.9 - 48.1	<b>49.9</b> 40.6 - 59.2
<b>‘Race’: Black/ African</b>	<b>71.4</b> 57.8 - 85.0	<b>29.2</b> 26.4 - 32.0	<b>37.6</b> 34.5 - 40.8	<b>78.4</b> 73.5 - 83.3	<b>39.9</b> 35.9 - 43.9	<b>49.5</b> 43.8 - 55.3
<b>Coloured</b>	<b>76.4</b> 71.6 - 81.2	<b>48.3</b> 40.1 - 56.5	<b>53.0</b> 46.5 - 59.5	<b>82.9</b> 77.9 - 87.9	<b>43.6</b> 38.4 - 48.8	<b>59.4</b> 52.0 - 66.7
<b>Indian</b>	<b>81.2</b> 79.3 - 83.1	<b>37.2</b> 35.5 - 38.9	<b>41.3</b> 38.7 - 43.9	<b>82.6</b> 80.5 - 84.7	<b>29.7</b> 21.2 - 38.1	<b>68.0</b> 64.2 - 71.7
<b>White</b>	<b>79.2</b> 71.2 - 87.2	<b>27.8</b> 21.4 - 34.1	<b>53.4</b> 46.8 - 60.1	<b>86.4</b> 80.6 - 92.1	<b>42.2</b> 33.6 - 50.8	<b>64.2</b> 56.7 - 71.7
<b>Other</b>	<b>51.8</b> 38.2 - 65.5	<b>30.8</b> 11.3 - 50.2	<b>46.4</b> 32.9 - 59.9	<b>91.9</b> - - <sup>b</sup>	<b>43.2</b> 31.0 - 55.3	<b>57.0</b> 37.6 - 76.3
<b>Don’t know</b>	<b>68.2</b> 58.3 - 78.1	<b>36.9</b> 32.3 - 41.5	<b>43.1</b> 28.9 - 57.2	<b>78.6</b> 71.7 - 85.5	<b>46.1</b> 39.5 - 52.7	<b>52.6</b> 38.8 - 66.4
a. 95% confidence interval b. n too small						

### 3.7 Environmental Tobacco Smoke

Over 70% of current smokers (73.7% [66.7 – 80.7]) were exposed to someone else smoking in their home in their presence in the past seven days preceding the survey. On the other hand, only about a third of never smokers (32.1% [30.0 – 34.2]) had someone smoke in their home in their presence in the past seven days preceding the survey. Significantly more 16 years and older never smokers (37.2% [32.6 – 41.8]) than 14 year old never smokers (26% [20.1 – 31.9]) had someone smoke in their homes in their presence in the past seven days preceding the survey. A significantly larger percentage of "Coloured" never smokers (48.3% [40.1 – 56.5]) compared to "Black/ African" never smokers (29.2% [26.4 – 32.0]) and "White" never smokers (27.8% [21.4 – 34.1]) had someone smoke in their home in their presence in the past seven days preceding the survey.

Twice as many current smokers (81.8% [78.6 – 85.0]) compared to never smokers (41.2% [37.7 – 44.7]) had someone smoke in their presence outside of their home in the past seven days preceding the study. Significantly less Grade 8 never smokers (34.8% [28.2 – 41.4]) compared to Grade 9 never smokers (49.7% [44.7 – 54.7]) and Grade 10 never smokers (45.8% [41.7 – 49.9]) had someone smoke in a place other than their home in their presence in the past seven days preceding the survey. Significantly more "Coloured" never smokers (53% [46.5 – 59.5]) compared to "Black/African" never smokers (37.6% [34.5 – 40.8]) had someone smoke in a place other than their home in their presence in the past seven days preceding the survey.

Only 10% more never smokers (52.3% [45.8 – 58.8]) compared to current smokers (42.0% [38.0 – 46.0]) definitely thought that smoke from others was harmful. A significantly larger percentage of current smokers in Grade 9 (48.4% [44.1 – 52.7]) compared to those in Grade 8 (36.0% [29.4 – 42.6]) definitely thought that smoke from others was harmful. The percentage of 12 years old and younger never smokers (28.8% [18.9 – 38.7]) who definitely thought that smoke from others was harmful was significantly lower than the estimates for 13 year olds (74.2% [63.5 – 84.9]), 14 year olds (57.2% [45.8 – 68.6]), 15 year olds (56.2% [48.6 – 63.8]) and

16 years and older (49.9% [40.6 – 59.2]). Significantly more "White" never smokers (64.2% [56.7 – 71.7]) compared to "Black/ African" never smokers (49.5% [43.8 – 55.3]) definitely thought that smoke from others was harmful.

#### Provincial Highlights

A significantly lower percentage of never smokers in Kwa-Zulu Natal (23% [19.8 – 26.2]) and Northern Province (16.8% [10.8 – 22.5]) had someone smoke in their home in their presence in the past seven days preceding the survey compared to the national prevalence of 32.1% [30.0 – 34.2]. On the other hand, a significantly higher percentage of never smokers in the North West Province (44.2% [35.1 – 53.3]) and Gauteng (40.1% [34.2 – 45.8]), compared to the national estimate, had someone smoke in their home in their presence during the past seven days preceding the study. A significantly smaller percentage of never smokers in the Northern Province (20.9% [14.9 – 26.9]) compared to the national average of 41.2% [37.7 – 44.7] had someone smoke in a place other than their home in their presence during the past seven days preceding the survey. Current smokers in the Free State (89.5% [85.4 – 93.6]) compared to all nine provinces were more likely to have had someone smoke in their home in the past seven days preceding the survey. This percentage in the Free State also differed significantly from the national figure of 81.8% [78.6 – 85.0].

#### School Curriculum ▶

*(next page)*

TABLE 8

## School Curriculum

SOUTH AFRICA		Taught in class about the dangers of smoking	Discussed in class why young people smoke	Taught in class about the effects of smoking
		%	%	%
<b>Totals</b>		<b>40.8</b> 37.7 – 43.9 <sup>a</sup>	<b>31.4</b> 28.7 – 34.1	<b>44.5</b> 41.4 – 47.6
<b>Gender :</b>	<b>Male</b>	<b>41.5</b> 37.3 – 45.7	<b>31.9</b> 28.6 – 35.2	<b>45.1</b> 41.5 – 48.7
	<b>Female</b>	<b>40.3</b> 36.4 – 44.2	<b>30.1</b> 26.3 – 33.9	<b>43.8</b> 39.7 – 47.9
<b>Grade:</b>	<b>8</b>	<b>41.1</b> 36.8 – 45.4	<b>31.3</b> 28.2 – 34.4	<b>41.5</b> 37.6 – 45.4
	<b>9</b>	<b>44.8</b> 38.6 – 51.0	<b>35.2</b> 29.8 – 40.6	<b>49.6</b> 44.4 – 54.8
	<b>10</b>	<b>34.7</b> 31.7 – 37.7	<b>26.3</b> 23.6 – 29.0	<b>41.8</b> 38.7 – 44.9
	<b>Age: ≤12</b>	<b>52.7</b> 46.9 – 58.5	<b>45.6</b> 40.6 – 50.6	<b>53.6</b> 47.5 – 59.7
	<b>13</b>	<b>32.1</b> 21.7 – 42.5	<b>23.9</b> 16.6 – 31.2	<b>37.5</b> 31.2 – 43.8
	<b>14</b>	<b>37.1</b> 31.5 – 42.7	<b>28.9</b> 22.5 – 35.4	<b>39.9</b> 34.1 – 45.7
	<b>15</b>	<b>42.6</b> 36.6 – 48.6	<b>31.9</b> 26.6 – 37.2	<b>44.8</b> 39.2 – 50.4
	<b>16+</b>	<b>40.1</b> 36.9 – 43.3	<b>29.9</b> 26.6 – 33.2	<b>45.8</b> 41.4 – 50.2
<b>“Race”: Black/African</b>		<b>40.1</b> 35.7 – 44.5	<b>32.1</b> 28.0 – 36.2	<b>45.5</b> 41.3 – 49.7
<b>Coloured</b>		<b>43.5</b> 36.3 – 50.6	<b>29.8</b> 25.7 – 33.9	<b>41.3</b> 35.2 – 47.3
<b>Indian</b>		<b>33.0</b> 24.2 – 41.8	<b>30.4</b> 24.3 – 36.5	<b>33.5</b> 29.0 – 38.1
<b>White</b>		<b>43.0</b> 36.5 – 49.5	<b>33.6</b> 29.3 – 38.0	<b>43.9</b> 37.7 – 50.2
<b>Other</b>		<b>35.7</b> 20.2 – 51.2	<b>38.7</b> 21.7 – 55.6	<b>47.8</b> 27.8 – 67.8
<b>Don't know</b>		<b>39.5</b> 35.6 – 43.4	<b>24.3</b> 20.9 – 27.6	<b>44.5</b> 37.6 – 51.3
a 95% confidence interval				

### 3.8 School Curriculum

Learners were asked whether they had received any formal lessons on tobacco-related issues in class during the past year as part of their school curriculum. Two out of every five learners sampled (40.8% [37.7 – 43.9]) were taught about the dangers of smoking in class. Of the three Grades sampled, Grade 9 learners (44.8% [38.6 – 51.0]) received the most education on the dangers of smoking. Significantly more Grade 9 learners were taught about the dangers of smoking in class when compared to Grade 10 learners (34.7% [31.7 – 37.7]). Learners 12 years or younger (52.7% [46.9 – 58.5]) were significantly more likely to have received lessons in class about the dangers of smoking than 14 year olds (37.1% [31.5 – 42.7]) and 16 years and older learners (40.1% [36.9 – 43.3]).

Just under one third of learners (31.4% [28.7 – 34.1]) discussed in class the reasons that young people smoke. Again, Grade 9 learners (35.2% [29.8 – 40.6]) were the most likely of all three grades to have held this discussion concerning young people and tobacco. Grade 9 learners were significantly more likely than Grade 10 learners (26.3% [23.6 – 29.0]) to have discussed in class why young people smoke. Significantly

more learners who were 12 years and younger (45.6% [40.6 – 50.6]) compared to 13 year olds (23.9% [16.6 – 31.2]), 14 year olds (28.9% [22.5 – 35.4]), 15 year olds (31.9% [26.6 – 37.2]) and 16 years and older learners (29.9% [26.6 – 33.2]) discussed in class why young people smoke. 44.5% [41.4 – 47.6] of learners were taught in class about the effects of smoking. Significantly more learners who were 12 years old or younger (53.6% [47.5 – 59.7]) compared to 13 year olds (37.5% [31.2 – 43.8]) and 14 year olds (39.9% [34.1 – 45.7]) were taught in class about the effects of smoking. For all three items related to school curriculum that were measured, "Black/African", "Coloured" and "White" learners reported having received lessons on tobacco-related issues to the same extent.

#### Provincial Highlights

Significantly fewer learners in Gauteng (32.2% [26.9 – 37.5]) compared to the rest of the country (40.8% [37.7 – 43.9]) were taught in class about the dangers of smoking. Northern Cape learners (24% [19.9 – 28.1]) and Gauteng learners (25.5% [21.4 – 25.6]) were exposed to discussions in class about why young people smoke to a significantly lesser extent than a composite estimate of learners country-wide (31.4% [28.7 – 34.1]).





## 4. Discussion

The target of obtaining 500 completed questionnaires for each of the nine provinces was achieved in seven of the nine provinces. School response rates in Kwa-Zulu Natal and North West Province (66.7% and 52.6% respectively) were low. It must be noted that the study took place only five years after the first democratic election, a time period too short to have completely redressed the infrastructural imbalances of the past. Reasons for low school response rates in some provinces are reflective of these imbalances, such as certain schools lacked telecommunication and some schools were inaccessible by road to survey administrators. In addition, time constraints experienced by educators in attempting to complete the formal curriculum, was another reason cited for non-participation. Despite the low school response rate, both the provincial samples in Kwa-Zulu Natal and North West Province were in close proximity of the targeted number due to the larger than expected class sizes and better than expected learner participation rates. It must be highlighted that the school response rate in the Northern Province and the Western Cape reached figures of 100% and 95% respectively.

This multi-country study targeted adolescents with an age range of 13 – 15 years. In South Africa (SA), this age range ought to correspond to Grade 8 – 10 learners. However, only 42.9% of the sample fell within this age range and in fact 47.6% of the learners were 16 years or older. This can be accounted for by the legacy of years of Apartheid education that was characterised by a lack of schools, limited access to schools, as well as late entry and re-entry into the education system. It is noteworthy that significant percentages of learners (16.5%) did not know where to place themselves within the historical "race" categorisation used in SA. Possible reasons may include lack of understanding of the question, reluctance to place themselves into racial categories or that they were unaware of the racial categorisation system that was used in SA.

Just under half of the learners sampled in the study had tried a cigarette even if it was one or two puffs. Males were significantly more likely than females to have ever tried a cigarette. Greater percentages of learners in Grade 9 and

10 ever smoked cigarettes when compared to Grade 8 learners. This trend correlated with the percentage of learners who smoked on 20 or more days in the past 30 days (current frequent smokers). Grade 8 learners and younger should therefore form the target of prevention programmes with cessation activities targeted at older adolescents. Despite the significantly lower prevalence of ever smokers within the "Black/African" category, when compared to "Coloured" and "White" learners, more "Black/African" learners first smoked cigarettes before the age of 10. This trend points towards a potential increase in prevalence of cigarette use among "Black/African" adolescents in the near future, warranting a focussed prevention approach for this community. The significantly higher prevalence of ever smokers in the Western Cape could be accounted for by the predominant "Coloured" population group who also displayed the highest prevalence of ever smokers nationally.

Twenty three percent of Grade 8 – 10 learners nationally smoked cigarettes on one or more days in the past 30 days preceding the survey. This implies that almost a quarter of these learners were current users of cigarettes. This figure among adolescents closely parallels the 24% smoking rate of adults as reported by the SADHS.<sup>16</sup> The fact that South African adolescents and adults are smoking at similar rates points towards a growing tobacco epidemic among the younger generations of the South African population. This correlates with the extensive and glamorous tobacco advertising and sponsorship that occurred in developing countries, like SA, over the past ten years.<sup>18</sup> Considering the financial implications of tobacco-related morbidity and mortality, and that most tobacco-related illnesses affect tobacco users when they are economically productive,<sup>19</sup> South Africa would do well to prevent its youth from becoming adult smokers. The SA Tobacco Control Amendment Act of 1999 with one of its fundamental pillars aimed at protecting the youth, provides an excellent point of departure. Although significantly more males than females are current users of cigarettes, almost equal percentages smoked their first cigarette before the age of 10. This implies that South African females are following the worldwide trend of increasing smoking rates amongst the female population.<sup>20</sup>

The fact that significantly more younger learners are current users of cigarettes than older learners, and that Grade 8 learners were significantly more likely to have smoked their first cigarette before the age of 10 when compared to Grade 9 learners, points towards the decreasing age of initiation of cigarette use. This is further supported by almost one fifth of the sample nationally having tried their first cigarette before the age of ten. "Coloured" learners displayed the highest prevalence of current cigarette use which was significantly higher than that of "Black/African" learners. This trend mirrors the results obtained from previous adults surveys which showed higher prevalence of cigarette use for "Coloured" adults and lower prevalence of cigarette use for "Black/African" adults.<sup>11,16</sup>

Besides using cigarettes, many adolescents in SA are using various other tobacco products such as smokeless tobacco (snuff and chewing tobacco), cigars, pipes etc. Again the younger age group reported significantly higher usage of other tobacco products. An analysis by "race" demonstrated that "Black/African" learners displayed the highest usage of other tobacco products. This implies that tobacco control interventions should not focus solely on cigarette use but should encompass all types of tobacco use. There is a need to explore the determinants of the usage of other tobacco products particularly amongst "Black/African" adolescents as a means to develop targeted and tailored interventions.

The current tobacco legislation bans the sale of cigarettes to minors. Almost two thirds of current smokers were not refused cigarettes because of their age when they purchased them in a store. These findings indicate one of two possibilities: that retailers are not aware of the legislation or that they are aware of it but fail to implement the legislation. Several years have passed since underage sales were banned yet this law has not been successfully implemented. In light of the enactment of more comprehensive legislation, there is urgent need to create awareness of the law and its regulations,<sup>21</sup> to find suitable mechanisms to enforce the law and ensure that transgressors of the law are prosecuted. This implies that a more comprehensive approach, addressing both individual and environmental determinants, is

necessary to limit underage tobacco sales. "White" current smokers were most likely to be able to purchase their own cigarettes in a store without being refused because of their age. This difference in access according to "racial" lines requires further investigation. Considering that current smokers were able to recruit other persons, in some cases an older person, to purchase their cigarettes, points to the need for interventions to extend beyond adolescents to include the community at large. The ban on the free distribution of cigarettes is timeous in curbing easy access of cigarettes to underage adolescents.

A significant percentage of current smokers expressed a desire to stop smoking with equal numbers making an attempt to stop smoking. This finding is reflective of a similar trend internationally.<sup>22,23,24,25</sup> It is encouraging that greater numbers of younger current smokers expressed a desire to stop smoking, for research has shown that those who start smoking at a younger age experience more difficulty in quitting.<sup>26,27</sup> Significantly greater "Black/African" current smokers than "White" smokers expressed a desire to stop smoking, perhaps indicative of cultural factors that disfavour smoking in the community where these adolescents live. Even though the learners try to stop but fail, a large percentage of them expressed high self-efficacy to stop smoking. Like their western counterparts, South African adolescent smokers underestimate the addictive nature of nicotine<sup>4</sup> and the challenging process involved in trying to quit. The need for a cigarette first thing in the morning is one of several factors used to measure dependency on nicotine. Just over 20% of current smokers reported needing a cigarette first thing in the morning. Smoking cessation for adolescents is an under-researched field internationally.<sup>28,29</sup> Considering that these adolescents wish to stop smoking and fail when trying as well as displayed signs of addiction, calls for focussed interventions to assist them to stop smoking.

International research shows that tobacco advertising targets and influences the smoking patterns of youth.<sup>30,31</sup> A significant proportion of adolescents in this study have been exposed to tobacco advertising in magazines, newspapers and on billboards. The inclusion of an advertising ban in the latest tobacco control legislation

in South Africa is therefore justified as the best strategy to protect future generations. A diverse marketing strategy directed at the youth has been used by the tobacco industry in SA as indicated by the results of this study. This included conventional advertising in the print media, distribution of free cigarettes as well as the distribution of items with a cigarette logo on it. Current smokers were more likely than never smokers to own something with a logo on it. There is evidence to show that owning something with a cigarette logo on it increases one's susceptibility of becoming a smoker.<sup>30,31</sup> The use of this marketing strategy has been banned by the new tobacco legislation in SA. The study demonstrates that "White" learners were exposed to tobacco advertising in the print media and on billboards to a greater extent, probably indicative of their increased level of exposure when compared to other "race" groups. A positive finding was that equal percentages of current and never smokers favoured a ban of smoking in public places.

About twice as many current smokers than never smokers were exposed to someone else's smoke in their homes or in places other than their homes in their presence in seven days preceding the survey. This implies that current smokers, as well as those who smoke around them, require health education on the effects of active smoking on themselves and the effects of environmental tobacco smoke on others. As people become aware of the dangers of environmental tobacco smoke, they will become empowered to respond to others smoking in their presence and thereby contribute to making non-smoking a desirable social norm.

"Coloured" never smokers were exposed to second hand smoke to a greater extent, both in and outside of their homes in the past seven days preceding the survey, which correlates with the high prevalence of smoking both among "Coloured" adolescents and adults.<sup>16</sup> Only about 50% of current and never smokers in the study favoured a ban of smoking in public places. In addition, similar percentages of them definitely thought that smoke from others was harmful. It can be extrapolated that the low perception of the need to ban smoking in public places is strongly correlated to the lack of knowledge of the harmful effects of environmental tobacco smoke.

The level of smoking-related issues covered in the school curriculum was low. This finding is also reflected in the data by the low levels of awareness about the harmful effects of environmental tobacco smoke together with the low percentage of learners who expressed the need to ban smoking in public places. The data reveals that when tobacco-related issues are taught, they are more likely to be covered in a single Grade instead of being covered consistently through all Grades. This lack of reinforcement of the message to prevent and stop tobacco-use, does not augur well for learners as they are exposed to strong social and environmental influences to smoke.



## 5. Conclusion & Recommendations

Almost equal percentages of adults and adolescents in South African are current users of cigarettes. Adolescent specific tobacco control interventions are necessary to avert the potential escalation in tobacco-related health care costs and especially to protect the health of the future workforce of SA.

Despite low ever-smoking and current smoking rates among females compared to males, an equal percentage of females and males have smoked their first cigarettes before the age of 10. The implication is that female smoking rates in SA, as in the international arena, can be expected to increase in the future. Therefore, concerted efforts are needed to prevent this international trend from flourishing in South Africa.

The data suggests a decreasing age of initiation of cigarette usage among South African adolescents. Tobacco control education therefore needs to start at a very young age. However in SA, very limited levels of tobacco-related issues are currently discussed in the formal school curriculum. Even if this education is introduced at an early age, possibly at school inception, it needs to continue throughout the schooling career. While the study could provide an indication of whether tobacco control was taught in the school, it cannot comment on the content or intensity of the lessons given. It is therefore recommended that further research be pursued in this area.

South African adolescents are faced with the double burden of cigarette use and the use of other forms of tobacco products such as chewing tobacco, snuff, etc. Determinant studies are needed to explore why "Black/African" learners display higher levels of usage of other tobacco products. In addition, tobacco control interventions must address all forms of tobacco use.

The level of underage sales of tobacco products is unacceptably high. A combination of strategies is required to enforce a ban of underage sales viz.:

- 1) create awareness of the regulations and the rationale that underpins them
- 2) lobby the community and suitable agencies to enforce the tenets of the law
- 3) prosecute transgressors of the law.

Adolescents want to stop smoking, but are experiencing difficulty in trying to quit and are

displaying signs of addiction. The traditional practice has been to develop prevention programmes for adolescents and cessation programmes for adults. However, the data supports the need for the development of both prevention and cessation interventions specifically designed for adolescents.

Adolescent exposure to environmental tobacco smoke both in the home and outside of the home is high. In addition, awareness of the effects of environmental tobacco smoke is limited. Community wide interventions are necessary to educate, encourage and support adults so that they can protect themselves and their children from environmental tobacco smoke.

A significant proportion of SA adolescents have been exposed to extensive tobacco advertising, marketing and promotion. It is therefore commendable that the new tobacco legislation limits adolescent exposure to tobacco advertising, marketing and promotion. It would be expedient to monitor how the tobacco industry adapts its strategy to recruit young smokers.

While the sample was not stratified by "race", the results indicate significant differences along historical "racial lines". Furthermore, provincial differences do emerge in the findings. While the study is representative of the country at large, in order to tailor programmes to the needs of the various provinces and "race" groups, provincial and "racial" specific determinant studies are needed.

The Global Youth Tobacco Survey should be repeated periodically and it should become an integral part of the surveillance system to monitor tobacco-use. It would also serve to evaluate the effectiveness of the WHO Framework Convention for Tobacco Control.

In order to obtain a more comprehensive picture of tobacco-using behaviour and related determinants among youth, this school-based survey needs to be expanded to youth who are outside of the school environment, for example those who are homeless or in correctional facilities.

## REFERENCES


- Peto R, Lopez AD, Boreham J, Thun M, Heath C Jr. Developing populations: the future health effects of current smoking patterns. In: Mortality from smoking in developed countries, 1950-2000. Oxford, Oxford University Press, 1994. A101-103.
- Peto R, Lopez A, Boreham J, Thun M, Heath C. Mortality from tobacco in developed countries: Indirect estimation from national vital statistics. *Lancet* 1992;339:1268-78.
- Center for Disease Control (US). Cigarette smoking among adults – United States. Morbidity and mortality weekly report 1999;48(43):986-3.
- US Department of Health and Human Services. Preventing tobacco use among young people: a report of the Surgeon General. Atlanta (Georgia): Department of Health and Human Services, Public Health Service (US), Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 1994.
- Center for Disease Control (US). Tobacco use among high school students – United States. Morbidity and mortality weekly report 1998; 47(12):229-33.
- Hill D, White V, Segan K. Cigarette smoking in secondary school students in 1993. *Australian Journal of Public Health* 1995;19:445-9.
- Gillespie A, Stanton W, Lowe JB, Hunter B. Feasibility of school-based smoking cessation programs. *Journal of School Health* 1995;65(10): 432-7.
- Dappen A, Swartz RH, O'Donnell R. A survey of adolescent smoking patterns. *Journal of the American Board of Family Practice* 1996;9(1):7-13.
- WHO/TFI talk. Statement for treatment of tobacco dependence. 1999 April 4 [cited 1999 Dec]. Available from: URL:[http://www.globalink.org/gt/ mailing\\_lists/archive/nb-tfi/latest/msg00001.html](http://www.globalink.org/gt/ mailing_lists/archive/nb-tfi/latest/msg00001.html).
- Yach D. Tobacco control in the new South Africa: new government, same industry tactics. *Promotion and Education* 1995;2:18-22.
- Reddy P, Meyer-Weitz A, Yach D. Smoking status, knowledge of health effects and attitudes towards tobacco control in South Africa. *South African Medical Journal* 1996; 86(11):1389-93.
- Bradshaw D, Loubser R, Scheider M. Estimated cause of death profiles for the nine provinces. Cape Town: Medical Research Council; 1995.
- Ehrlich R, Bourne DE. Trends in deaths from tobacco related lung diseases in South Africa. Proceedings of the 9th World Conference on Tobacco or Health; 1994 Oct; Paris, France.
- Reddy P, Meyer-Weitz A, Levine J. Smoking prevalence among adult smokers in South Africa. Unpublished report. Cape Town: National Health Promotion Research and Development Office, Medical Research Council; 1998.
- Meyer-Weitz A, Reddy P, Levine J. The Impact of South Africa's first tobacco control legislation on adults' smoking status: February 1995 to November 1998. (Submitted) 2000.
- Department of Health and Medical Research Council. South Africa Demographic and Health Survey 1998. Preliminary Report; 1998.
- Guthrie T, Shung-King M, Steyn K, Mathambo V. Children and Tobacco in Southern Africa. A literature review of health effects, youth smoking patterns and tobacco control measures. Cape Town (SA): The Child Health Policy Institute, Department of Paediatrics and Child Health, University of Cape Town. The Chronic Diseases of Lifestyle Programme, Medical Research Council. 2000 Nov.
- Davis RM. Promotion of cigarettes in developing countries. *Journal of the American Medical Association* 1986; 255-993.
- World Bank (US). Curbing the Epidemic. Governments and the economics of tobacco control. Washington; The International Bank for Reconstruction and Development/The World Bank; 1999.
- Gajalakshmi CK, Jha P, Ranson K, Nguyen S. Global Patterns of smoking and smoking-attributable mortality. In: Jha P, Chaloupka F, editors. Tobacco control in developing countries. 1st ed. New York: Oxford University Press; 2000. p.11-39.
- Stead L, Lancaster T. A systematic review of interventions for preventing tobacco sales to minors. *Tobacco Control* 2000;9:169-176.
- Burt RD, Peterson AV. Smoking cessation among high school seniors. *Preventive Medicine* 1998;27:319-327.
- Hu T, Lin Z, Keeler TE. Teenage smoking, attempts to quit, and school performance. *American Journal of Public Health* 1998;88(6):940-943.
- Sussman S, Dent CW, Severson H, Burton D, Flay BR. Self-initiated quitting among adolescent smokers. *Preventive Medicine* 1998;27:19-28.
- Center for Disease Control (US). Selected cigarette smoking initiation and quitting behaviours among high school students. Morbidity and mortality weekly report 1998; 47(19) (May 22):386-89.
- Richard H, Swartz MD. Let's help young smokers quit. *Patient care* 1996:45-51.
- Breslau N, Peterson EL. Smoking cessation in young adults: Age at initiation of cigarette smoking and other suspected influences. *American Journal of Public Health*. 1996;86:214-220.
- Charlton A. Smoking cessation in schools and colleges. *Journal of Smoking and Related diseases* 1994, 5 Suppl1:289-94.
- Stanton WR, Lowe JB, Gillespie AM. Adolescents experience of smoking cessation. *Drug and Alcohol Dependence* 1996;43(1-2):63-70.
- Gilpin EA, Pierce JP, Rosbrook B. Are adolescents receptive to current sales promotion practices of the tobacco industry? *Preventive Medicine* 1997;26:14-21.
- Sargent JD, Dalton M, Beach M. Exposure to cigarette promotions and smoking uptake in adolescents: evidence of a dose-response relation. *Tobacco Control* 2000;9:163-168.

## Appendix I: The questionnaire

# GLOBAL YOUTH TOBACCO SURVEY (GYTS)

## INTRODUCTION

The purpose of this questionnaire is to obtain information on a number of tobacco-related issues from young learners. A sample of schools in all the provinces of South Africa will be surveyed. This survey is also being done in eleven other countries.

Please use the pencil that was given to you to colour in / fill in the circle next to the answer that you choose  on the answer sheet provided.

If you make a mistake, carefully erase /rub out the pencil mark that was made incorrectly and then colour in / fill in the answer that you now choose. Please do not write on the answer sheet.

Please raise your hand if you are uncertain or need some help.

Remember that this questionnaire is confidential and anonymous. No teachers/parents/ guardians will see your answer sheet and your names will not be written on it.

Please answer all the questions.

Place your completed answer sheet into the envelope in front of the class.

You may keep the questionnaire and the pencil.

Thank you very much for your participation.

## THE FOLLOWING QUESTIONS ASK ABOUT YOUR USE OF TOBACCO.

### 1. Have you ever tried or experimented with cigarette smoking, even one or two puffs?

- a. Yes
- b. No

### 2. How old were you when you first tried a cigarette?

- a. I have never smoked cigarettes
- b. 7 years old or younger
- c. 8 or 9 years old
- d. 10 or 11 years old
- e. 12 or 13 years old
- f. 14 or 15 years old
- g. 16 years old or older

### 3. How old were you when your first smoked cigarettes on a daily basis?

- a. I have never smoked cigarettes on a daily basis
- b. 7 years old or younger
- c. 8 or 9 years old
- d. 10 or 11 years old
- e. 12 or 13 years old
- f. 14 or 15 years old
- g. 16 years old or older

**4. Do you smoke now?**

- a. Not at all
- b. Occasionally, but less than once a month
- c. Some time each month, but less than once cigarette per week
- d. Some time each week, but less than once cigarette per day
- e. Every day at least one cigarette

**5. During the past 30 days (one month), on how many days did you smoke cigarettes?**

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

**6. During the past 30 days (one month), on the days you smoked, how many cigarettes did you usually smoke?**

- a. I did not smoke cigarettes during the past 30 days (one month)
- b. Less than 1 cigarette per day
- c. 1 cigarette per day
- d. 2 to 5 cigarettes per day
- e. 6 to 10 cigarettes per day
- f. 11 to 20 cigarettes per day
- g. More than 20 cigarettes per day

**7. During the past 30 days (one month), how did you usually get your own cigarettes? (SELECT ONLY ONE RESPONSE)**

- a. I did not smoke cigarettes during the past 30 days (one month)
- b. I bought them in a store, shop or from a street vendor
- c. I bought them from a vending machine
- d. I gave someone else money to buy them for me
- e. I borrowed them from someone else
- f. I stole them
- g. An older person gave them to me
- h. I got them some other way

**8. During the past 30 days (one month), what brand of cigarettes did you usually smoke? NB. (SELECT ONLY ONE RESPONSE FROM 8; 9 AND 10)**

- a. I did not smoke cigarettes during the past 30 days
- b. No usual brand
- c. Rothmans
- d. Peter Stuyvesant
- e. Dunhill
- f. Benson & Hedges
- g. Camel
- h. Other

**9.**

- a. Chesterfield
- b. Consulate
- c. Forum
- d. Winston
- e. John Rolfe

**10.**

- a. Winfield
- b. Courtleigh
- c. Kent
- d. Lexington
- e. Cartier

**11. During the past 30 days (one month), how much did you spend on cigarettes?**

- a. I did not spend money on cigarettes during the past 30 days (one month)
- b. less than R1
- c. from R1 to R2
- d. between R2 and R3
- e. from R3 to R5
- f. between R5 and R10
- g. from R10 to R20
- h. more than R20



**12. During the past 30 days (one month), did anyone ever refuse to sell you cigarettes because of your age?**

- a. I did not try to buy cigarettes during the past 30 days (one month)
- b. Yes, someone refused to sell me cigarettes because of my age
- c. No, my age did not keep me from buying cigarettes

**13. During the past 30 days (one month), have you ever used any form of tobacco products other than cigarettes (e.g. chewing tobacco, snuff, cigars, cigarillos, little cigars, pipe)?**

- a. Yes
- b. No

**14. Where do you usually smoke? (SELECT ONLY ONE RESPONSE)**

- a. I have never smoked cigarettes
- b. At home
- c. At school
- d. At work
- e. At friends' houses
- f. At social events
- g. In public spaces (e.g. parks, shopping centres, street corners)
- h. Other

**15. Do your parents know that you smoke cigarettes?**

- a. I do not smoke cigarettes
- b. Yes
- c. No

**16. Are you more likely to smoke cigarettes after you have drunk alcohol or used another drug (dagga/marijuana, mandrax/"cream", crack, cocaine, ecstasy, heroin, LSD)?**

- a. I have never smoked cigarettes
- b. I no longer smoke cigarettes
- c. I smoke cigarettes but never drink alcohol or use other drugs
- d. No, I smoke less cigarettes when I drink alcohol or use other drugs
- e. Yes, I smoke more cigarettes when I drink alcohol or use other drugs
- f. I smoke about the same amount of cigarettes when I drink alcohol or use other drugs

**17. Do you sometimes smoke tobacco mixed with other drugs, (dagga/marijuana, mandrax/"cream", crack, cocaine, ecstasy, heroin, LSD)?**

- a. I have never smoked
- b. I no longer smoke
- c. No, I smoke, but I never mix tobacco with other drugs
- d. Yes, but only once or twice
- e. Yes, I have mixed tobacco with other drugs more than twice

**18. Do you ever have a cigarette or feel like having a cigarette first thing in the morning?**

- a. I have never smoked cigarettes
- b. I no longer smoke cigarettes
- c. No, I don't have or feel like having a cigarette first thing in the morning
- d. Yes, I sometimes have or feel like having a cigarette first thing in the morning
- e. Yes, I always have or feel like having a cigarette first thing in the morning

**19. How old were you when you used chewing tobacco for the first time?**

- a. I have never used chewing tobacco
- b. 7 years old or younger
- c. 8 or 9 years old
- d. 10 or 11 years old
- e. 12 or 13 years old
- f. 14 or 15 years old
- g. 16 years old or older

**20. How old were you when you used snuff for the first time?**

- a. I have never used snuff
- b. 7 years old or younger
- c. 8 or 9 years old
- d. 10 or 11 years old
- e. 12 or 13 years old
- f. 14 or 15 years old
- g. 16 years old or older

**21. During the past 30 days, on how many days did you use chewing tobacco?**

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

**22. During the past 30 days, on how many days did you use snuff?**

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

**23. Where do you usually use chewing tobacco or snuff?**

- a. I have never used chewing tobacco or snuff
- b. I no longer use chewing tobacco or snuff
- c. When I am alone
- d. In the company of friends
- e. At home
- f. At school
- g. Other

**24. How old were you when you smoked a whole cigar, cigarillo, or little cigar for the first time?**

- a. I have never smoked a whole cigar, cigarillo or little cigar
- b. 7 years old or younger
- c. 8 or 9 years old
- d. 10 or 11 years old
- e. 12 or 13 years old
- f. 14 or 15 years old
- g. 16 years old or older

**THE FOLLOWING QUESTIONS ASK ABOUT ACCESS TO TOBACCO PRODUCTS**

**25. In the area where you live, do you know of any places that sell single or loose cigarettes?**

- a. Yes
- b. No

**26. During the past 30 days (one month), how did you usually get your own chewing tobacco or snuff? (SELECT ONLY ONE RESPONSE)**

- a. I did not use chewing tobacco or snuff during the past 30 days (one month)
- b. I bought them in a store, shop, or street vendor
- c. I bought them from a vending machine
- d. I gave someone else money to buy them for me
- e. I borrowed them from someone else
- f. I stole them
- g. An older person gave them to me
- h. I got them some other way

**27. When you bought or tried to buy chewing tobacco or snuff in a shop (café or store) during the past 30 days (one month), were you ever asked your age or to show proof of age?**

- a. I did not buy chewing tobacco or snuff in a store during the past 30 days (one month)
- b. Yes, I was asked to show proof of age
- c. No, I was not asked to show proof of age

**28. During the past 30 days (one month), did anyone ever refuse to sell you chewing tobacco or snuff because of your age?**

- a. I did not try to buy chewing tobacco or snuff during the past 30 days
- b. Yes, someone refused to sell me chewing tobacco, snuff, or dip because of my age
- c. No, my age did not keep me from buying chewing tobacco or snuff

**29. During the past 30 days (one month), how did you usually get your own cigars, cigarillos, or little cigars? (SELECT ONLY ONE RESPONSE)**

- a. I did not smoke cigars, cigarillos, or little cigars during the past 30 days (one month)
- b. I bought them in a store, shop, or street vendor
- c. I bought them from a vending machine
- d. I gave someone else money to buy them for me
- e. I borrowed them from someone else
- f. I stole them
- g. An older person gave them to me
- h. I got them some other way

**30. When you bought or tried to buy cigars, cigarillos, or little cigars in a store during the past 30 days (one month), were you ever asked to show proof of age?**

- a. I did not buy cigars, cigarillos, or little cigars during the past 30 days (one month)
- b. Yes, I was asked to show proof of age
- c. No, I was not asked to show proof of age

**THE FOLLOWING QUESTIONS ASK ABOUT YOUR KNOWLEDGE AND ATTITUDES TOWARD TOBACCO.**

**31. Do your parents smoke?**

- a. None
- b. Both
- c. Father only
- d. Mother only
- e. I don't know

**32. If one of your best friends offered you a cigarette, would you smoke it?**

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

**33. Have anyone in your family discussed the harmful effects of smoking with you?**

- a. Yes
- b. No

**34. At any time during the next 12 months do you think you will smoke a cigarette?**

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

**35. Do you think you will be smoking cigarettes 5 years from now?**

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

**36. Once someone has started smoking, do you think it would be difficult to quit ?**

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

**37. Do you think boys who smoke cigarettes have more or less friends?**

- a. More friends
- b. Less friends
- c. No difference from non-smokers

**38. Do you think girls who smoke cigarettes have more or less friends?**

- a. More friends
- b. Less friends
- c. .No difference from non-smokers

**39. Does smoking cigarettes help people feel more or less comfortable at celebrations, parties, or in other social gatherings?**

- a. More comfortable
- b. Less comfortable
- c. No difference from non-smokers

**40. Do you think smoking cigarettes makes boys look more or less attractive?**

- a. More attractive
- b. Less attractive
- c. No difference from non-smokers

**41. Do you think smoking cigarettes makes girls look more or less attractive?**

- a. More attractive
- b. Less attractive
- c. No difference from non-smokers

**42. Do you think that smoking cigarettes makes you gain or lose weight?**

- a. Gain weight
- b. Lose weight
- c. No difference

**43. Do you think cigarette smoking is harmful to your health?**

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

**44. Do any of your closest friends smoke cigarettes?**

- a. None of them
- b. Some of them
- c. Most of them
- d. All of them

**45. When you see a man smoking, what do you think of him? (SELECT ONLY ONE RESPONSE)**

- a. Lacks confidence
- b. Stupid
- c. Loser
- d. Successful
- e. Intelligent
- f. Macho

**46. When you see a woman smoking, what do you think of her? (SELECT ONLY ONE RESPONSE)**

- a. Lacks confidence
- b. Stupid
- c. Loser
- d. Successful
- e. Intelligent
- f. Sophisticated

**47. Do you think it is safe to smoke for only a year or two as long as you quit after that?**

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

**48. At any time during the next year do you think you will use chewing tobacco or snuff?**

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

**49. Do you believe that light (low-tar) cigarettes are less harmful than regular (full-flavour) cigarettes?**

- a. They are less harmful
- b. They are more harmful
- c. There is no difference

**50. Do you think smoking cigarettes is less dangerous for a person your age because they can always stop later?**

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

**51. Do any of your closest friends use chewing tobacco or snuff?**

- a. None
- b. Some of them
- c. Most of them

**52. At the present time do you consider yourself... (SELECT ONLY ONE RESPONSE)**

- a. I have never smoked cigarettes
- b. An ex-smoker
- c. An occasional smoker
- d. A frequent smoker
- e. A daily smoker

**THE FOLLOWING QUESTIONS ARE ABOUT YOUR EXPOSURE TO OTHER PEOPLE'S SMOKING**

**53. Do you think a person who smokes around others should ask permission?**

- a. Yes
- b. No

**54. If someone asks permission to smoke around you, do you let them?**

- a. Yes
- b. No

**55. Do you think the smoke from other people's cigarettes is harmful to you?**

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes



**56. During the past 7 days, on how many days have people smoked in your home, in your presence?**

- a. 0
- b. 1 to 2
- c. 3 to 4
- d. 5 to 6
- e. 7

**57. During the past 7 days, on how many days have people smoked in your presence, in places other than in your home?**

- a. 0
- b. 1 to 2
- c. 3 to 4
- d. 5 to 6
- e. 7

**58. Are you in favour of banning smoking in public places (such as in restaurants, in buses and trains, in schools, on playgrounds, in gyms and sports arenas, in discos / clubs)?**

- a. Yes
- b. No

**THE FOLLOWING QUESTIONS ASK ABOUT YOUR ATTITUDES TOWARD STOPPING SMOKING AND THE USE OF OTHER FORMS OF TOBACCO**

**59. Do you want to stop smoking now?**

- a. I have never smoked cigarettes
- b. I do not smoke now
- c. Yes
- d. No

**60. During the past year, have you ever tried to stop smoking cigarettes?**

- a. I have never smoked cigarettes
- b. I did not smoke during the past year
- c. Yes
- d. No

**61. Have you ever tried to stop smoking and found that you could not?**

- a. I have never smoked a cigarette
- b. I have successfully stopped smoking
- c. Yes
- d. No

**62. How many times, if any, have you tried to quit smoking?**

- a. I have never smoked
- b. 0 times
- c. 1 to 3 times
- d. 4 or more times

**63. How long ago did you stop smoking?**

- a. I have never smoked cigarettes
- b. I have not stopped smoking
- c. 1-3 months
- d. 4-11 months
- e. One year
- f. 2 years
- g. 3 years or longer

**64. What was the main reason you decided to stop smoking? (SELECT ONE ONLY)**

- a. I have never smoked cigarettes
- b. I have not stopped smoking
- c. To improve my health
- d. To save money
- e. Because my family does not like it
- f. Because my friends did not like it
- g. Other

**65. Do you think you would be able to stop smoking if you wanted to?**

- a. I have never smoked cigarettes
- b. I have already stopped smoking cigarettes
- c. Yes
- d. No

**66. When was the last time you smoked a cigarette, even one or two puffs?**

- a. I have never smoked a cigarette
- b. Today
- c. Not today but sometime in the past week
- d. Not today but sometime in the past month
- e. Not today but sometime in the past 6 months
- f. Not in the past 6 months but in the past year
- g. 1 to 4 years ago
- h. 5 or more years ago

**67. Have you ever received help or advice to help you stop smoking?  
(SELECT ONLY ONE RESPONSE)**

- a. I have never smoked cigarettes
- b. Yes, from a programme or professional
- c. Yes, from a friend
- d. Yes, from a family member
- e. Yes, from both programmes or professionals and from friends or family members
- f. No

**68. Does your school or community have any special groups or classes for students who want to stop smoking?**

- a. Yes
- b. No
- c. Not sure

**69. Do you want to stop using chewing tobacco or snuff now?**

- a. I have never used chewing tobacco or snuff
- b. I do not use chewing tobacco or snuff now
- c. Yes
- d. No

**70. During the past year, have you ever tried to stop using chewing tobacco or snuff?**

- a. I have never used chewing tobacco or snuff
- b. I did not use chewing tobacco or snuff during the past year
- c. Yes
- d. No

**THE FOLLOWING QUESTIONS ASK ABOUT YOUR KNOWLEDGE OF  
MEDIA MESSAGES ABOUT SMOKING**

**71. During the past 30 days (one month), how many anti-smoking media messages (e.g., television, radio, billboards, posters, newspapers, magazines, movies) have you seen?**

- a. A lot
- b. A few
- c. None

**72. When you go to sports events, fairs, concerts, community events, or social gatherings, how often do you see anti-smoking messages?**

- a. I never go to sports events, fairs, concerts, community events, or social gatherings
- b. A lot
- c. Sometimes
- d. Never

**73. When you watch TV, videos, or movies, how often do you see actors smoking?**

- a. I never watch TV, videos, or movies
- b. A lot
- c. Sometimes
- d. Never

**74. Do you have something (t-shirt, pen, backpack, etc.) with a cigarette brand logo on it?**

- a. Yes
- b. No

**75. During the past 30 days (one month), when you watched sports events or other programmes on TV how often did you see cigarette brand names?**

- a. I never watch TV
- b. A lot
- c. Sometimes
- d. Never

**76. During the past 30 days (one month), how many advertisements for cigarettes have you seen on billboards?**

- a. A lot
- b. A few
- c. None

**77. During the past 30 days (one month), how many advertisements or promotions for cigarettes have you seen in newspapers or magazines?**

- a. A lot
- b. A few
- c. None

**78. During the past 30 days (one month), when you listened to the radio how often do you hear cigarette brand names mentioned?**

- a. I never listen to the radio
- b. A lot
- c. Sometimes
- d. Never

**79. Have you ever gone to a function (such as a concert or music event) sponsored by a cigarette brand?**

- a. Yes
- b. No

**80. When you go to sports events, fairs, concerts, or community events, how often do you see advertisements for cigarettes?**

- a. I never attend sports events, fairs, concerts, or community events
- b. A lot
- c. Sometimes
- d. Never

**81. Has a cigarette representative (someone working for a cigarette company) ever offered you a free cigarette?**

- a. Yes
- b. No

**THE FOLLOWING QUESTIONS ARE RELATED TO WHAT YOU WERE TAUGHT ABOUT SMOKING IN SCHOOL**

**82. During this school year, were you taught in any of your classes about the dangers of smoking?**

- a. Yes
- b. No
- c. Not sure

**83. During this school year, were you taught in any of your classes that most people your age do not smoke cigarettes?**

- a. Yes
- b. No
- c. Not sure

**84. During this school year, did you discuss in any of your classes the reasons why people your age smoke?**

- a. Yes
- b. No
- c. Not sure

**85. During this school year, were you taught in any of your classes about the effects of smoking (such as it makes your teeth yellow, causes wrinkles, or makes you smell bad)?**

- a. Yes
- b. No
- c. Not sure

**86. How long ago did you last discuss smoking and health as part of a lesson?**

- a. Never
- b. This term
- c. Last term
- d. 2 terms ago
- e. 3 terms ago
- f. More than a year ago

**QUESTIONS ABOUT ACTIVITIES IN YOUR COMMUNITY**

**87. During the past year, have you heard from youth groups discouraging young people your age from smoking?**

- a. Yes
- b. No

**87. During the past year, did any health professionals explain to you why smoking is dangerous to your health?**

- a. Yes
- b. No

**87. During the past year, did any religious organization discourage young people your age from smoking?**

- a. Yes
- b. No

**THE LAST QUESTIONS ASK FOR SOME BACKGROUND INFORMATION ABOUT YOURSELF.**

**90. How old are you?**

- a. 11 years old or younger
- b. 12 years old
- c. 13 years old
- d. 14 years old
- e. 15 years old
- f. 16 years old
- g. 17 years old or older

**91. What is your sex?**

- a. Male
- b. Female

**92. In what grade are you?**

- a. 8
- b. 9
- c. 10

**93. During Apartheid, people were placed into different groups. In which group do you think that you would have been placed?**

- a. Black/African
- b. Coloured
- c. Indian
- d. White
- e. Other
- f. I do not know

**THAT WAS THE LAST QUESTION!!!**

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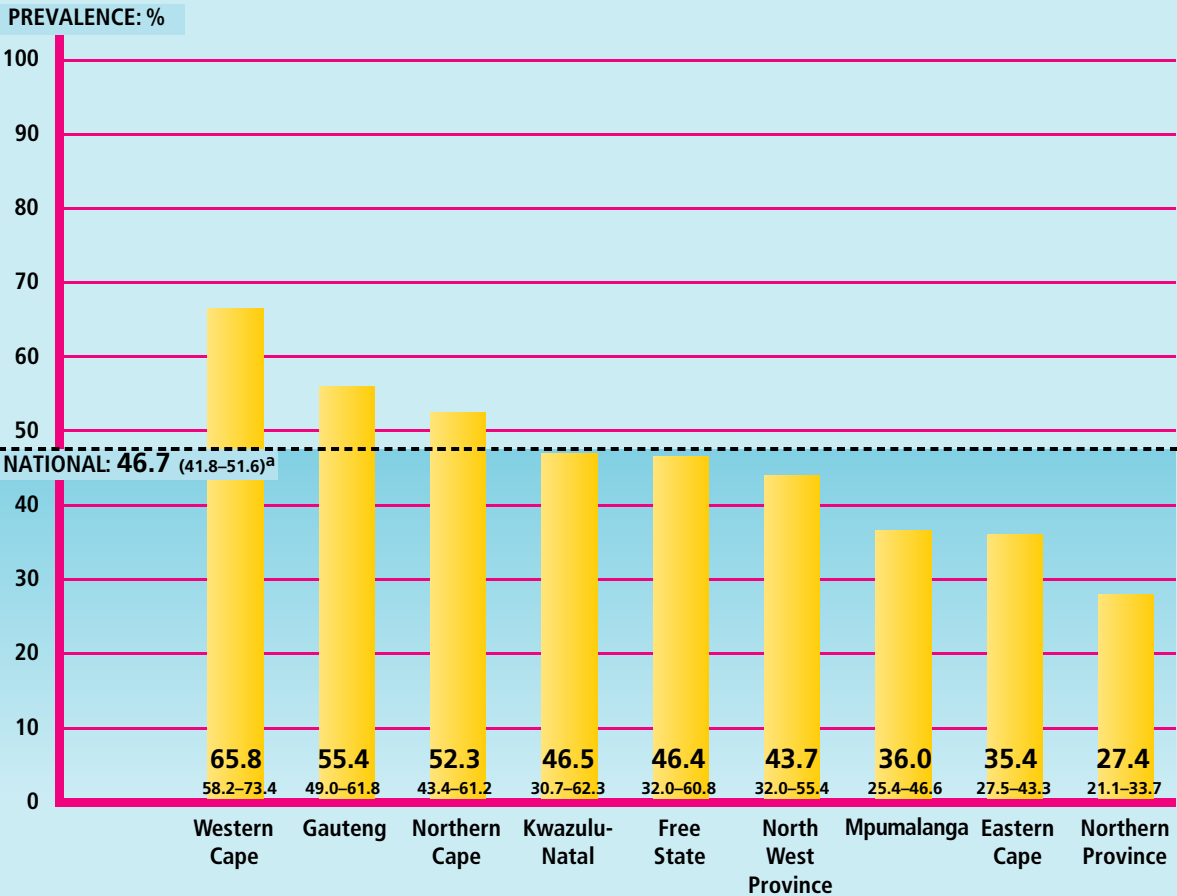
Appendix II: Languages used in each Province

LANGU AGE	PR OVINCES								
	EC	NC	WC	G	FS	KZN	NP	M	NW
English	X	X	X	X	X	X	X	X	X
Afrikaans	X	X	X	X	X			X	X
Xhosa	X		X						
Zulu						X			
North Sotho							X		
South Sotho					X				
Tsonga							X		



Graph 1  
Prevalence: Ever-smokers<sup>1</sup>

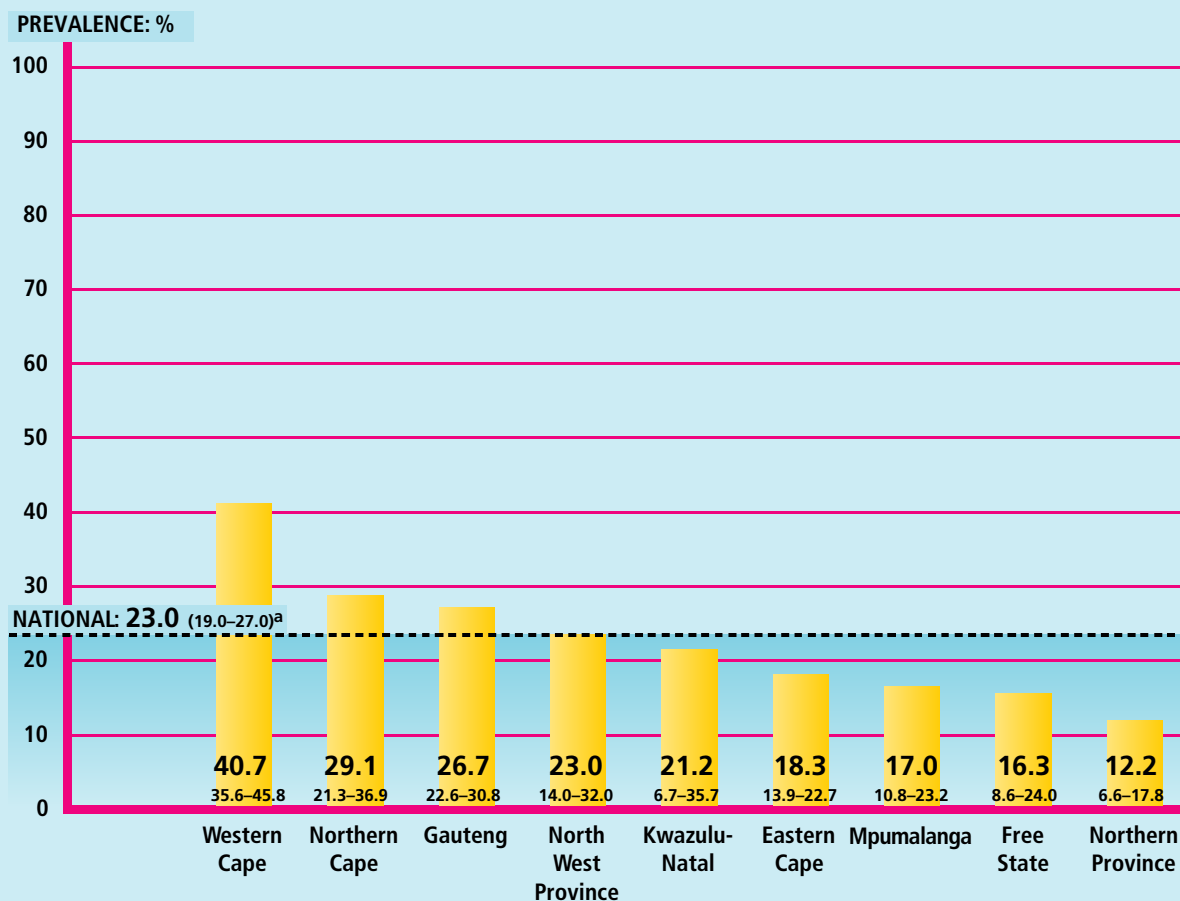
1. Smoked cigarettes, even if one or two puffs. a. 95% Confidence interval



## Graph 2

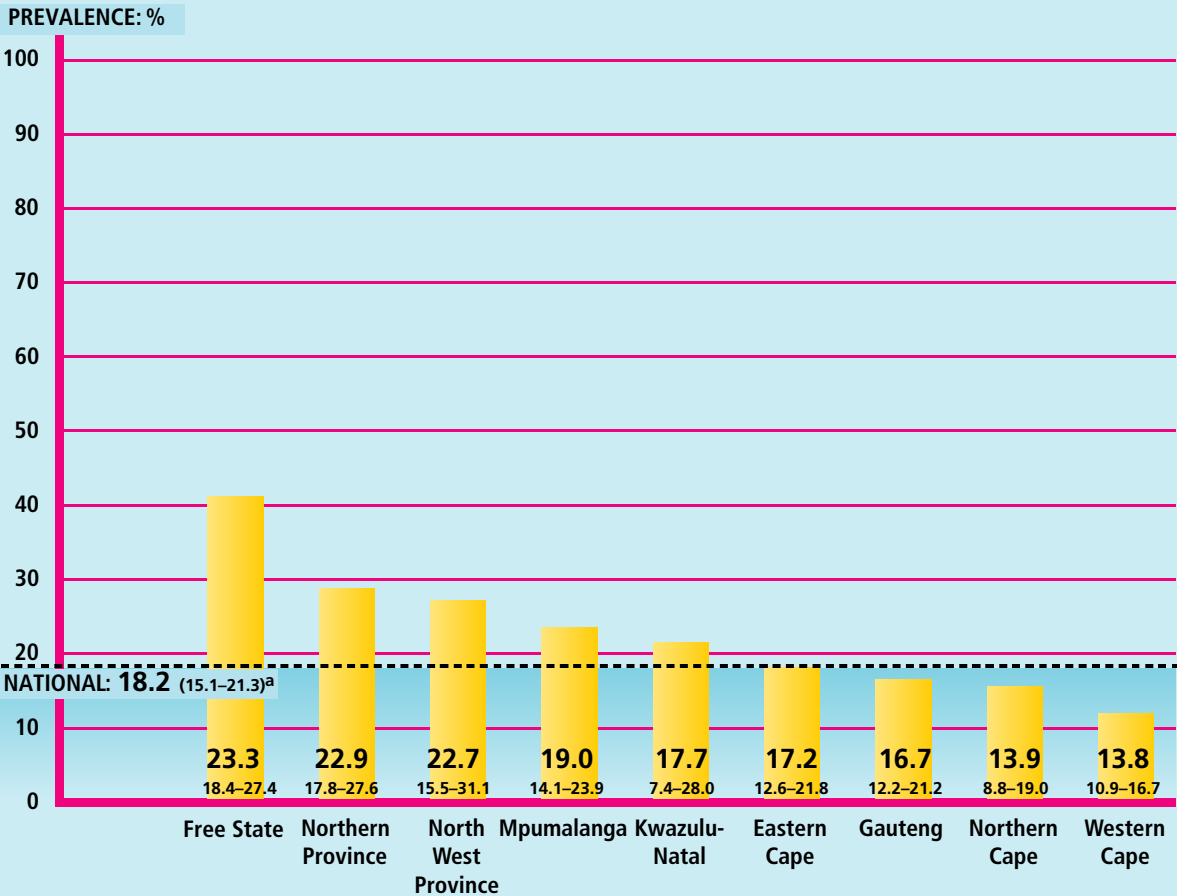
Prevalence: Current use<sup>1</sup> of cigarettes

1. Smoked cigarettes on one or more days of the 30 days preceding the survey. a. 95% Confidence interval



**Graph 3**  
**Prevalence: current use<sup>1</sup> of OTHER tobacco products**

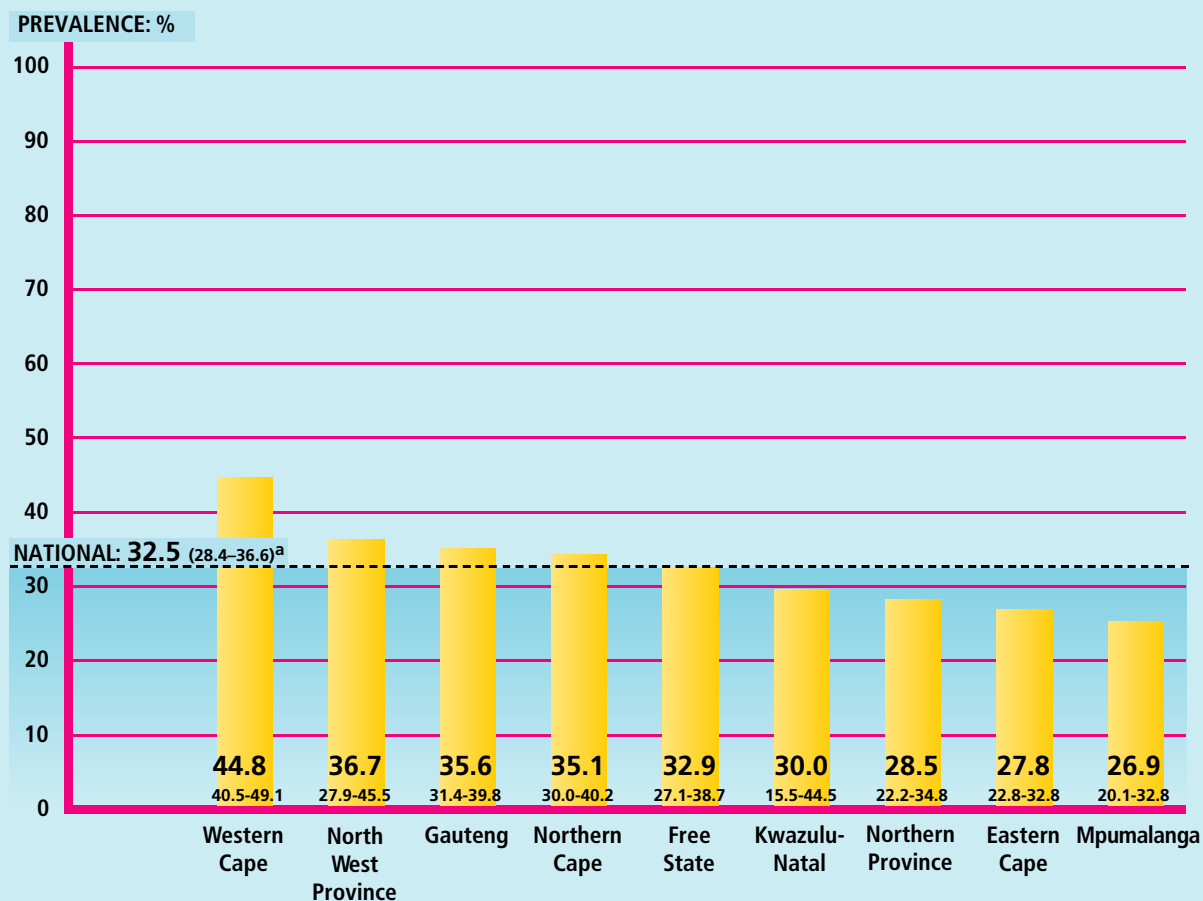
1. Used tobacco products on one or more days of the 30 days preceding the survey. a. 95% Confidence interval



## Graph 4

Prevalence: current use<sup>1</sup> of any tobacco product

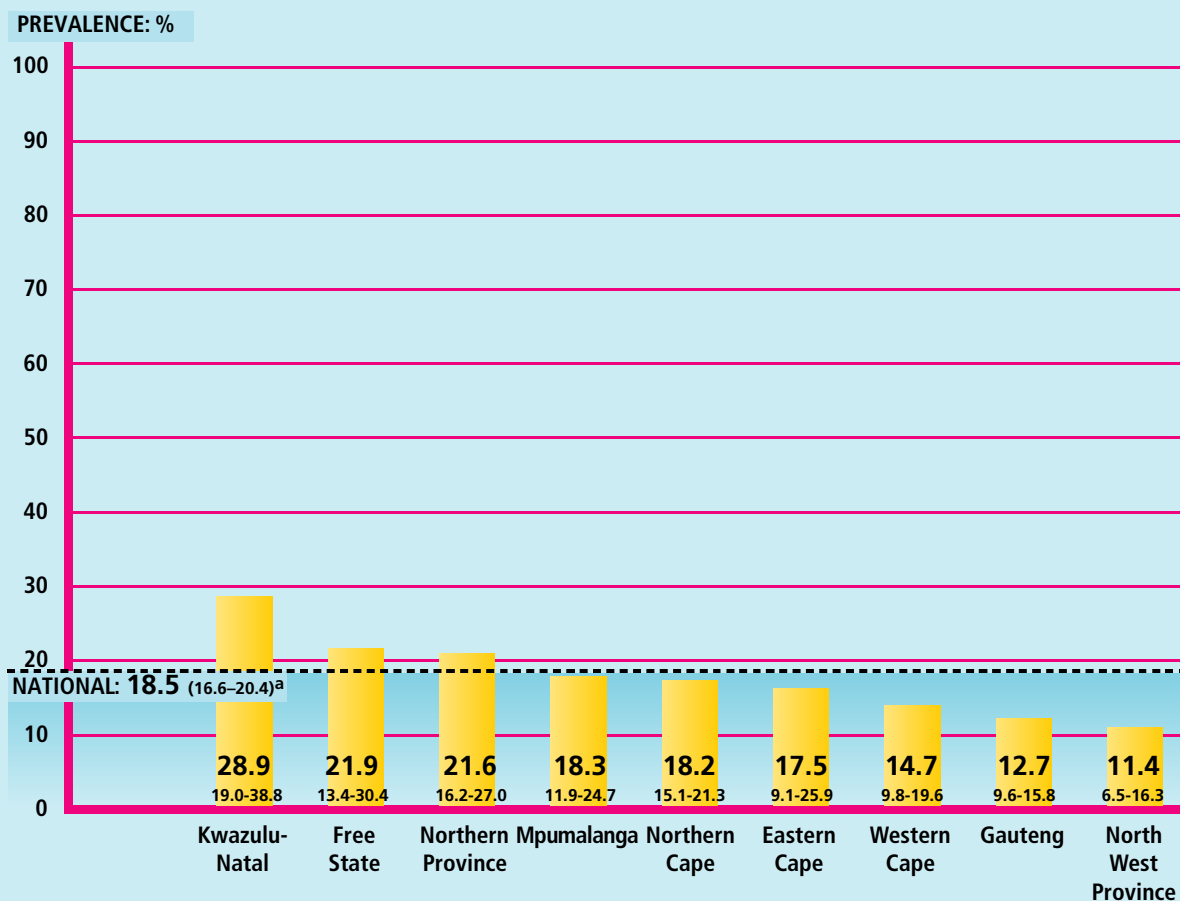
1. Used ANY tobacco product on one or more days of the 30 days preceding the survey. a. 95% Confidence interval



## Graph 5

Prevalence: first smoked<sup>1</sup> cigarettes before the age of 10

1. Among ever smokers. a. 95% Confidence interval



## Graph 6:

### Prevalence: frequent smokers<sup>1</sup>

1. Smoked cigarettes on TWENTY or more days of the 30 days preceding the survey. a. 95% Confidence interval

